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UNIVERSITY OF ALBERTA

The Influence of Clinical Nursing Experience on Student Nurses' Perceptions of the Elderly

by

Isabelle M. Heike

A thesis

submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Education in Adult and Higher Education.

Department of Adult, Career and Technology Education

Edmonton, Alberta
Spring 1994

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FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled *The Influence of Clinical Experience on Student Nurses' Perceptions of the Elderly* submitted by Isabelle M. Heike in partial fulfillment of the requirements for the degree of Master of Education.

Dr. Dave Collett, Supervisor

Dr. Beth Young

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DEPARTMENT OF PSYCHOLOGY

March 24, 1993

Isabelle Heike
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Edmonton, Alta., CANADA
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Dear Ms Heike:

In response to your recent request, I hereby grant you permission to use my OP Scale in your proposed research project. My supply of copies of the Scale is exhausted, but please note that it has been reproduced in the following volume: Shaw, M., & Wright, J. (1967) Scales for the Measurement of Attitudes, McGraw-Hill, pp. 468-471.

If you are interested in more current reliability and validity information concerning the OP Scale, I would recommend the following source: Mangen, D.J., & Peterson, W.A. (Eds.) (1982) Research Instruments in Social Gerontology, Vol. 1, Clinical and Social Psychology. University of Minnesota Press, pp. 549-556.

You have my best wishes for the success of your project. I should be pleased to learn about the outcomes of your research.

Sincerely,

N. Kogan

NATHAN KOGAN
Professor

NK:bb

ABSTRACT

The aged population is increasing in numbers as well as in morbidity and nurses will spend increasingly more time caring for them. Few nurses, however, choose gerontological nursing as their field of practice. Questions arise as to why care of the elderly is the least desired specialty area for student nurses. The purpose of the study was to examine the nature and extent of the influence that clinical experience has on student nurses' perceptions of the elderly. Five research questions were established to guide the study.

A one-group pretest and posttest design and interview of a small group of students were utilized for this study. The Kogan Old People Scale (KOPS) to measure student nurses' perceptions of the elderly was completed by a volunteer sample of student nurses prior to clinical experience. KOPS was completed again after each student completed a six week clinical practicum focusing on care of the acutely ill adult and older adult. 142 completed paired questionnaires were obtained with 84% return.

The KOPS questionnaire of 34 questions from both the pretest and posttest were collapsed into 17 paired items, then further collapsed into eight clusters. The pretest and posttest means of each of the eight clusters were compared using t-tests. Statistical significance was found in four clusters which addressed: discomfort in associating with old people, interpersonal relations across generations, older person's cognitive style and capacity, personal appearance and personality of old people. These findings revealed that favorable perceptions held by student nurses increased following clinical experience. However, pretest data revealed only 5.6% of the sample selected the 65+ age group as the most preferred age group of clients to care for.

Interview analysis revealed that the following themes had a positive influence on student nurses' perceptions of the elderly during clinical experience: respect and feedback, patient deaths and previous positive experience with the elderly. Previous experience with the sick elderly was a factor that had a negative influence on student nurses' perceptions of the elderly.

Findings provide implications and recommendations for nursing practice, education, and research.

ACKNOWLEDGEMENTS

There are a number of people I especially want to thank for their contribution to the successful completion of this study.

I extend my appreciation and thanks to the Class of Entry 92 Collaborative Baccalaureate Nursing Program students at the University of Alberta Hospitals School of Nursing who completed the questionnaires, and to the Nursing 107 nurse educators for their assistance. I gratefully acknowledge the administration and my colleagues at the School of Nursing for their support and consideration during this study.

I am deeply indebted to Dr. Dave Collett, an exceptional research supervisor, for his guidance, assistance and continued support without which the completion of this study would not have been possible. His patience and good will in responding to deadlines are gratefully appreciated. He willingly gave of his time, his faith and confidence in me kept me motivated, and his encouragement and humor were always there when I needed it.

I gratefully acknowledge the guidance and support from Dr. Beth Young and Dr. Dana Hames Wertenberger, my thesis committee members, through constructive comments and suggestions on the proposal and thesis drafts.

I express thanks to all my friends for their support during this process. I am especially grateful to Yvonne Scarlett for her generosity, friendship and encouragement throughout this study. I am thankful to Peter Davis for sharing his knowledge and computer expertise and to Leona Laird who offered support and assistance in formatting.

Finally, a special thanks to Tom for his support and encouragement which enabled me to undertake and complete this project and to Bob, Dave and Ann for their encouragement.

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CHAPTER 1

INTRODUCTION

Because the elderly continue to increase in numbers as well as morbidity, nurses will continue to spend increasing amounts of time caring for the aging and aged. Already, "in Alberta, the aged consume forty percent of the total health care expenditures, yet constitute only about nine percent of the population " (Kirby, 1992). These statistics and predictions have major implications for not only the health care system and its workers, but for the educational institutions preparing students to enter this changing work environment.

Care of older adults constitutes a large part of the realities of nursing, and nurses can expect to care for increasing numbers of elderly clients, especially those with more acute needs (Collins & Brown, 1989). Few graduates choose gerontological nursing as their field of practice. The work is difficult and not much emphasis has been placed on it in the nursing programs, but it has become increasingly important for student nurses to develop a liking and willingness to work with the elderly client. However, students entering nursing have perceptions as to what nursing is and what nurses do, and these images rarely include caring for older adults. Nursing education must prepare these student nurses to meet the present and future health care needs of the elderly population.

The University of Alberta Hospitals School of Nursing (UAH SON) faculty has responsibilities for preparing graduates to care for health care consumers who will increasingly be over the age of 65, and in the near future.

> Despite the tremendous increase in the elderly in need of nursing service, students in basic nursing programs still graduate without "knowing" care of the elderly as a specialty area within which they could find rewarding careers. It is apparent that their educational experiences are having a relatively negative impact on gerontological nursing as compared to other specialties. (Collins & Brown, 1989, p. 8,9).

This investigation was carried out at the University of Alberta Hospitals School of Nursing, Edmonton, Alberta to examine the extent and nature of the influence of clinical experience on baccalaureate student nurses' perceptions of the elderly. Participants for this study were full-time first year students in the Edmonton and Red Deer Nursing Program: Collaborative Model Baccalaureate Nursing Program.

The Collaborative Model is now in its third year of implementation at the UAH SON site. One of the goals of this program is to "respond to the changing needs of the health care system by adapting the curriculum to accommodate changing consumer needs" (Edmonton and Red Deer Nursing Program, Collaborative Model, 1992, p. 1). This Task Force recognized one of the major factors affecting the health care system in Alberta as "demographic changes including an increased proportion of the elderly population together with their increased dependency and frailty..." (The Task Force for Collaborative Education Models, 1991, p. 3). A brief description of the Collaborative program follows.

The stakeholders in the collaborative venture include Red Deer College Department of Nursing and the five nursing school sites in

Edmonton: University of Alberta Faculty of Nursing, Grant MacEwan Community College Health Sciences Division, Misericordia Hospital School of Nursing, Royal Alexandra Hospital School of Nursing, and University of Alberta Hospitals School of Nursing. A four year baccalaureate degree program in nursing has been developed collaboratively by these participating programs. In Edmonton, the first two years of the program are offered at the diploma school sites. Upon completion of the first two years, students can choose either the diploma completion option or compete for entry into years three and four offered by the University of Alberta Faculty of Nursing. Entry into year three is regulated by quota. At the UAH SON site, one hundred and eighty four students were admitted into the program in September 1992 and identified as Entry 92 students. They are the second group of students to enter the Collaborative Baccalaureate Nursing Program since its inception in September 1991.

Nursing 104, a physical assessment course which included a clinical component of twice weekly visits to older adults in lodges and nursing home facilities throughout the city, commenced in the second semester of their program. Students focused on the health status of the older adult and implemented assessment skills and related basic care in the clients' activities of daily living. They were expected to apply communication and interviewing skills acquired through lectures, laboratories and simulation. This experiential learning was planned to help socialize students to the reality of working with older clients. Few would deny that one aspect of professional education is the socialization of neophytes (Dawson, 1992). The students had clinical experience with ill hospitalized adults in acute care settings during the six-week summer practicum in May and June 1993.

Background

Recent studies indicate that gerontological nursing, such as working in a nursing home for the aged, has not been deemed as highly desirable by a majority of young nursing students (Kuhn, 1990; Miller and Hirst, 1992). North American society has negatively stereotyped the elderly, and nursing as a profession is not immune to these views (Gomez et al. 1985). Major technological strides are being taken in this information age, and "high tech" nursing in intensive care units and other areas of high acuity has been viewed as an action-packed and exciting field of nursing. At the same time, the aged population is increasing dramatically (Schaie & Willis, 1991).

Demographic changes in our society have shown that the elderly comprise the largest sector of health care consumers (Kirby, 1992). Advances in health care technology, coupled with healthier life styles, have contributed to the increased lifespan of the North American adult. Increased longevity and decrease in infant mortality have contributed to the increasing size of the elderly population. However, illness and hospitalization are more prevalent among this particular age group as a result of acute and chronic conditions. Due to lack of adequate provisions for this problem, acute care beds are being occupied by the elderly clients waiting placement in nursing homes or long term care facilities.

Statement of the Problem and Research Questions

The purpose of this study was to examine the extent and nature of the influence that clinical nursing experience has on baccalaureate student nurses' perceptions of the elderly. The following research questions were

established to guide the research:

1. What are student nurses' perceptions of the elderly prior to concentrated clinical experiences with the elderly in the acute care setting?
2. What are student nurses' perceptions of the elderly following concentrated clinical experiences with the elderly in the acute care setting?
3. What are the changes in student nurses' perceptions of the elderly following clinical experience with the elderly?
4. What are the reported factors that influenced student nurses' perceptions of the elderly to change during clinical experience?
5. How are the variables of age, marital status, level of education, previous experience with the elderly and preferred age group to work with associated with student nurses' perceptions of the elderly?

Limitations

The results of the study apply to nursing students in the Edmonton and Red Deer Nursing Program: Collaborative Model Baccalaureate Nursing Program, University of Alberta Hospital School of Nursing (UAH SON) site at the time the study was conducted. Any generalizations with students enroled in other schools of nursing or to nursing students in other time periods should be made with caution.

The study made no attempt to identify clinical experiences of respondents prior to their admission to the UAH SON or concurrent with their admission to the UAH SON. The study was limited to Entry 92 students in their Nursing 107 summer practicum from May 3 to June 11, 1993 at the

UAH SON. All of these students had first completed Nursing 104, a placement with elderly clients in lodges and nursing home facilities. It is possible that findings apply only to the UAH SON setting. The findings may also be influenced by the students' previous and present clinical assignments.

Delimitations

The study included full time nursing students enroled in the Collaborative Baccalaureate Nursing Program during their first year summer practicum at the UAH SON site. The Nursing 107 summer practicum, six consecutive weeks of clinical experience, was the Entry 92 student nurses' second clinical practicum, however their first clinical experience in caring for the acutely ill adult and older adult.

Significance of the Study

Demographic, social and economic changes in Canadian society are posing an unprecedented challenge to our health care system as it struggles to adapt, forcing the focus of health care from illness prevention to health promotion; from acute care to chronic care; from curing to caring. Aging is a phenomenon of modern societies. For example, in Alberta in 1991, 9.1% of the population was over the age of 65. Conservative predictions suggest that this number will double in less than 10 years and that by the year 2021, 15.5% of the Alberta population will be over 65 years of age. This reflects a growth rate of at least 177% in this age group for the 30 year period from 1991 to 2021. The estimated growth for the 0 to 64 age group for the same years is only 29% (Alberta Bureau of Statistics, May, 1993).

According to a report by the Alberta Senior Citizens Secretariat (1989),

those over 65 years of age used a greater proportion of acute hospital patient days than those younger in the general population. In 1986/1987 the average length of stay in acute care hospitals was almost three times greater for seniors than for patients younger than 64 years. Alberta's senior citizens are the major stakeholders in health care, using about 50% of all hospital care, 72% of long-term care beds, 33% of psychiatric beds and about 21% of physician services (Kirby, 1992). Simultaneously, current economic restraints dictate more efficient use of resources. Research on learning how to care for the elderly effectively is becoming more urgent.

Nurses represent the largest sector of health care workers and the nurse will be the first health care worker available to assist the elderly in a variety of settings (Tobiason, Knudson, Stengel & Giss, 1979). Nurses can expect to care for increasing numbers of elderly clients. This trend has major implications for educational institutions preparing student nurses to work in this changing society as more nurses and "other health care professionals will be needed in gerontology in the next two decades than are currently being educated" (Heliker, Brophy et al. 1993).

The majority of young student nurses have not deemed caring for the elderly, such as working in a nursing home, as highly desirable (Kayser & Minnigerode 1975; Knowles & Sarver, 1985). Studies have consistently shown student nurses do not choose clients over 65 years of age as a preferred age group to work with after graduation (Kuhn, 1990; Gunter, 1970; Kayser & Minnigerode 1975; Delora & Moses, 1969).

Educational institutions must face the challenge of preparing greater numbers of nurses as entry-level practitioners to meet the health care needs

of the consumer. Today's undergraduate nursing students are being assigned to a larger proportion of elderly clients with more acute needs than ever before (Collins, & Brown, 1989). It has become increasingly important for nurses to be willing and able to work with the elderly client. Nurse educators have a social obligation to prepare nurses who have the knowledge and skills needed to care for a client population increasingly composed of frail elders (Ryden & Johnson, 1992). If nursing care for the elderly is going to change, then nurse educators must be creative in promoting positive attitudes toward gerontological nursing (Tobiason, Knudsen et al., 1979).

A study of the extent and nature of the influence that clinical experience has on the student nurses' perceptions of the elderly could provide valuable input towards adequate preparation of students to care for our future health care consumers.

Summary

This initial chapter addresses the purpose of this study: to examine the extent and nature of the influence that clinical experience has on baccalaureate students nurses' perceptions of the elderly. Chapter two provides a review of literature relevant to the purpose of the study and the five research questions which were established to guide the research. Chapter three discusses the design and methodology of this study, while chapter four presents the findings of the study. Finally, chapter five provides a summary of the findings of the study and some implications and recommendations for nursing practice, education and further research.

CHAPTER 2

LITERATURE REVIEW

This chapter includes a review of literature related to the study. The purpose of this study was to examine the extent and nature of the influence that clinical nursing experience has on baccalaureate student nurses' perceptions of the elderly. A one-group pretest and posttest design was used to explore changes in student nurses' perceptions toward the elderly following clinical experience in care of the adult and older adult in the acute care setting.

There are several studies in this literature review which are not recent publications but which are frequently cited in the literature and deemed relevant. These studies illustrate the influence of clinical experience and related factors on student nurses' perceptions of the elderly. Overall, these studies of attitudes of student nurses' toward the elderly are inconclusive. The only consistent finding from these studies is that geriatrics was the least preferred specialty area. This has major implications for nursing education in Alberta and Canada where revolutionary curricular changes are currently taking place.

The review of published literature has been categorized under the following headings: (a) demographic characteristics of (student) nurses, (b) the effects of time spent with the elderly, (c) effects of interventions, (d) perceptions and related behavioral intentions held by the student nurses, (e) effects of role models, (f) implications for nursing education, and (g) other factors.

Characteristics of the (Student) Nurses

Age

Age has been identified as a factor that can influence a person's perception. Eddy (1986) used the Tuckman-Lorge "Attitudes toward old people" instrument to measure the attitudes of 56 junior students in a baccalaureate nursing program and found that older students were no more positive than younger students in their perceptions toward the elderly. Taylor and Harned (1978), used Kogan's Old People Scale to measure attitudes of 71 subjects. They reported all scores were within the positive to neutral range with younger nurses with fewer years of experience scoring more positively than older, more experienced nurses. Campbell (1971) used a variation of the Tuckman-Lorge Attitude Questionnaire (TLAQ) to examine stereotype acceptance amongst registered nurses, licensed practical nurses and nursing assistants in two teaching hospitals and found age was not a significant factor influencing nurses' perceptions toward the aged. The younger, less experienced nurses had less favorable attitudes toward the elderly, according to Penner, Ludenia & Mead (1984). Kuhn (1990) found that as the age of students increased, so did their interest in working with the elderly population after graduation. D'A Slevin, (1991) in his study conducted in Northern Ireland, administered an instrument "Attitudes Toward the Elderly" to secondary school pupils, to student nurses at the very beginning of their training and to qualified nurses. Practicing nurses had significantly lower attitudinal scores than student nurses at graduation. Ingram & Fielding (1985) discussed the difficulties of isolating variables such as age as it is confounded by other variables, for example, level of contact with

elderly patients.

Gender

D'A Slevin (1991), in his study of student attitudes toward older adults among secondary school students, nursing students and practicing nurses found females demonstrated less negative attitudes that males. On the basis of his findings he concluded that males who enter nursing and other caring professions would be less likely than females to choose to work with the elderly. Okrainec's (1994) study examined male nursing students and their perceptions of nursing education. His findings indicate that male students were "primarily interested in future careers in the acute care specialty areas, nursing administration and nursing education..." (p. 105).

Level of Education

Campbell (1971) hypothesized that nurses with a Bachelor of Science degree would have more positive perceptions of the elderly than those with diplomas. Her findings, however, showed that nurses with diplomas held the most positive attitudes. Brower (1985) indicated a definite trend for nurses educated in institutions of higher learning to have more positive attitudes toward the aged compared to nurses with diplomas. Her study implies that the general education component, as opposed to the nursing component, makes an important contribution to liberal attitudes toward the elderly. Gillis (1973) reports that RNs were less positive than LPNs (licensed practical nurses) about working with the elderly, and that baccalaureate nurses were less positive than RNs with diplomas or associate degrees.

Effects of time spent with elderly

Brower's (1985) findings supported prior research by Gillis (1973) and Gunter (1971) that nurses who spent more time with the elderly have a greater number of negative stereotypes. The most positive attitudes were held by nurses who spent no time with the elderly client.

Effects of interventions

Experiential learning is an important aspect of professional preparation in nursing, however, its influence upon attitudes is controversial. Researchers have had differing results as they study the relationship between student perception and clinical learning opportunities. Heliker et al., (1993) explored changes in attitudes toward older adults among students in the health care professions. A pretest and posttest design used The Kogan Attitudes Toward Old People Scale instrument and the treatment variable included three sessions of informal interaction with an older adult. Students were volunteers from medicine, dentistry, nursing and dental hygiene programs in Illinois. Findings from their study showed that interaction with a "well" older adult had a positive influence on students' perceptions toward the elderly.

Gunter (1971) studied the attitudes of 162 senior nursing students at the University of Washington. She considered the possibility that a course on normal growth and development throughout the lifespan, before the student had any clinical experience, might create a more positive attitude toward care of the elderly. She found that students held a considerable number of stereotypical views towards the elderly, which were reduced after taking the

course. Similar findings were reported by other researchers (Heller and Walsh,1976; Kayser and Minnigerode, 1975; Green, 1981; King and Cobb, 1983; Robb,1979).

Eighty-six beginning nursing students were volunteer subjects in Galbraith & Suttie's (1987) study to determine if nursing students attitude toward the elderly changed after completing a gerontological curriculum content and gerontological clinical experience. Clinical experience included the well elderly and those who were institutionalized. They found that attitude change was in a positive direction. Eddy (1986) studied 56 junior nursing students to assess attitudes after a course on normal aging was introduced. In addition, students made five visits to well older adults living in the community. Eddy's (1986) findings showed that students did not have a more positive attitude toward the elderly after a semester of a course on normal aging and five visits to well older adults than they had before the educational program. Gomez, Otto, Blattstein, et Gomez, (1985) investigated the impact of a three-week, eight hours per week clinical experience of caring for the "ill" elderly in nursing homes in the baccalaureate nursing students' first clinical course. The Kogan Old People Scale was used to measure attitude toward the elderly. Students demonstrated an increase in positive attitudes immediately after a three-week clinical experience in caring for sick older clients in nursing homes.

Favorable reactions to the elderly have also been demonstrated in studies of student nurses who have been exposed to a well elder population early in their clinical experiences. Collins & Brown (1989) believe that the more students know about aging and nursing care of the aged, the more they can love it. They describe a teaching strategy in their program to enhance the

gerontological content and reverse their students' negative perceptions. Nursing students had favorable perceptions of the elderly client when they were exposed to a well elderly client population early in their clinical experience.

Gordon & Hallauer's study (1976) examined the separate and combined effects of field work consisting of friendly visiting with the elderly and a course on aging, on attitudes toward the aged in college students. The students, recruited from the child development and adult development classes, were undergraduates at a state college majoring in education-related areas. Findings showed that the course alone increased positive attitudes of college students towards the aged, and that friendly visiting in addition to the course had an even greater effect. Friendly visiting alone did not improve their attitudes.

Downe-Wamboldt & Melanson (1990) completed a longitudinal study of attitudes of baccalaureate student nurses toward aging and the aged. They completed a descriptive study of the same topic in 1985. A questionnaire developed by the Ontario Welfare Council Section on Aging entitled "Opinions About People" was administered to the subjects at the beginning and at the end of their university programs. The findings indicated that students held more positive than negative attitudes toward aging and the aged. The integrated nursing program had a minimal effect in changing students' attitudes, however, the positive attitudes on entry were maintained (Downe-Wamboldt & Melanson, 1990).

Snape (1986), however, reported detrimental changes in student attitudes towards the elderly related to learning experiences. This survey

determined attitudes of nurses and trained staff working on geriatric wards in Leichester before and after their geriatric experience. The study included 75 learner nurses before geriatric experience (early learners); 78 learner nurses after geriatric experience (late learners); and 47 trained staff working on geriatric wards. Findings of the study indicated that learner attitudes to geriatric nursing did not improve following experience on geriatric wards. Snape documented that the student nurses started their geriatric experience with enthusiasm and ended it with cynicism. Several explanations were offered, such as the attitude of nurses, doctors and others which impede the education of learners, and staff shortages resulting in extra work loads which take up staff time and discourage learners.

Chamberland, Rawls, Powell & Roberts (1978) utilized the Tuckman-Lorge "Old People's Questionnaire" as a pretest and posttest instrument at the beginning and the end of the first fundamentals class to determine perception change. The course consisted of four hours of classroom content on aging and clinical practice in nursing homes. Posttest findings showed that there was an increase in negative attitudes of students toward the elderly. The researchers attributed this negative change to student placements in nursing homes to learn basic nursing skills.

The influence of interventions in the form of learning experiences and their sequencing on student nurses' perceptions of the elderly remain inconclusive. A literature review on the relationship between student nurses' perceptions towards the elderly and their stated preference of age group of clients to work with is presented in the following paragraphs.

Student nurses' perceptions and related behavioral intentions

Measures of how student nurses' perceive the elderly only provide a partial picture. Positive perceptions need to be translated into positive behavior for the quality of care to improve. Kayser and Minnigerode (1975) studied perceptions of 311 nursing students representing all levels of students at the University of San Francisco School of Nursing. The purpose of their study was to examine the effects of an educational program focusing on the elderly on addressing attitude stereotypes and misconceptions about older people, preferences for working with a particular age group, and preferences for a field of nursing specialty. The researchers found that an educational program had little effect on students' attitudes towards the elderly population. Institutions for the aged were the least preferred specialty areas. Students who had the greatest interest in working with the elderly were those who had the greatest number of negative stereotypical views about the aged. Kayser & Minnigerode (1971) suggested that nurses who perceive the elderly as dependent may receive their work satisfaction from the nurturant functions of the nurse.

Greenhill and Baker (1986) studied the attitudes of 78 senior students at the University of Tennessee Center for Health Sciences College of Nursing and found that a planned experience with older adults positively influenced the students' attitudes toward this group and increased their knowledge on aging. This influence occurred regardless of whether the clinical experience was in an institution or the community. No change in work preference was noted for either group, however, and geriatric nursing remained the least preferred specialty. These findings were substantiated by other investigators

(Hart, Freel & Cromwell, 1976; Gordon & Hallauer, 1976; D'A Slevin, 1991).

Robb (1979) developed an instrument to measure beliefs about the elderly. He found that a second level, seven-week course in nursing focusing on the chronically ill and aged and including fifteen hours of clinical field experience per week mainly in nursing homes, "resulted in a significant increase in more positive behavioral intentions, but no significant change in beliefs" (p. 44). Gunter's (1971) study of 162 senior nursing students at the University of Washington School of Nursing showed that stereotypes of aging held by student nurses were reduced following an educational program, but patients over sixty-five years of age were the students' least preferred clients. Fewer students expressed an interest in working with the aged than at the beginning of this course, and admitted that they would avoid work in an institution serving the aged exclusively.

In summary, results from these studies indicate a general unwillingness of nurses to specialize in geriatric nursing.

Effects of role models

Wilhite and Johnson's (1976) studies supported the importance of the role model process in that attitudes held by the nursing students were related to attitudes held by the clinical instructor. Tollett and Adamson (1982) indicated that the instructors must demonstrate a positive attitude and an interest in working with the elderly in order to foster positive attitudes in students. Students look to teachers and other professionals as role models. If they do not see their instructors actively caring for elderly patients in nursing homes or convalescent hospitals, they are not likely to do so either (Kayser & Minnigerode, 1975).

The presence of positive elderly role models during a nurse's early years has been identified as a factor that contributes to affirmative attitudes (Brower, 1985; Robb, 1979). Ethnic background may also contribute to attitude development by nurses. Nursing students with a previous positive experience with an older adult and students with Asian ethnic backgrounds were more interested in gerontological nursing than other specialty areas (Shimamoto & Rose, 1987). Robb (1979) found that students who preferred to work with the elderly had positive attitudes toward them and had positive relationships with grandparents. Gillis (1991) concluded that many beliefs and values are developed as a result of familial experiences. Nehring's (1990) study determined the characteristics of 'best' and 'worst' clinical teachers as perceived by 63 baccalaureate nursing faculty and 121 BSN students in Ohio. Results show that the 'best' clinical teachers are good role models, enjoy nursing, enjoy teaching and demonstrate clinical skills and judgement. Being a good role model and encouraging mutual respect were characteristics which distinguished between the 'best' and the 'worst' clinical teachers.

This review of literature illustrates that although good nursing role models may influence student nurses' perceptions of the elderly, ethnicity and familial experiences play a significant role.

Implications for nursing education

There are several published studies which discuss implications for nursing education. Tobiason, Knudsen, Stengel & Giss (1979) asserted that it is the responsibility of nursing education to promote more positive attitudes toward aging and interest in working with the elderly. LaMonica (1979) discussed the need for nurses to develop positive attitudes toward the aged

and aging process by first exploring their own attitudes towards aging. LaMonica (1979) purported that attitudes positively relate to behavior; thus the beliefs that nurses hold concerning the aged or aging will affect the nursing care given. She stated that society does little to foster the development of positive attitudes toward the aged and suggests nursing education focus on positive attitude development through an adequate knowledge base. Currently gerontological experiences in baccalaureate programs "are not at a level that would provide the needed educational background for students in caring for the older client" (Malliarakis & Heine, 1990, p. 6). Results of Nehring's (1990) study show that the 'best' clinical teachers are good role models. This information can be used to assist faculty in developing or increasing effective teaching behaviors. The costs of clinical experience represents a large part of the nursing education budget with faculty assigned to a low number of students. Research needs to be done on how to maximize limited resources such as clinical and faculty time.

Other factors

Several other factors contribute to student nurses' perceptions of the elderly. Collins & Brown (1989) pointed out reasons that make gerontological nursing less attractive than other specialty areas. They identified factors such as prejudicial stereotypes, fear of aging, inadequate staffing, lower salaries, and scarcity of specially prepared practitioners to be role models for the students. Maddox & Tillery (1988) also discussed factors which influenced development of negative attitudes toward the elderly. These factors include fear of old age and its associated problems such as decreased socioeconomic status, poor health, loneliness, senility and death. Maddox & Tillery (1988) concluded that society promotes negative views of the elderly.

Conclusion

The published literature indicates that student nurses' least desired choice of clinical specialty is consistently geriatric nursing, and the aged client the least preferred patient. However, the extent and nature of the influence that clinical experience have on baccalaureate student nurses' perceptions of the elderly is inconclusive. Fear of aging, pessimism about outcomes, inadequate staffing and lower salaries lead student nurses to conclude that nursing practice with older clients cannot be as prestigious or exciting as with other age groups. Only two of these published studies were conducted in Canadian educational programs. Therefore, this study which examines the trends that exist in a collaborative baccalaureate nursing program in Edmonton will contribute more information to the Canadian research that has been done on this subject.

CHAPTER 3

DESIGN AND METHODOLOGY

Introduction

This chapter describes the research design including the setting, subjects, and instruments used to examine the extent and nature of the influence that clinical nursing experience had on student nurses' perceptions of the elderly. The methodology, including procedures for data collection and analytical procedures used in this investigation, is also discussed and ethical issues are identified.

Setting

The University of Alberta Hospitals School of Nursing (UAH SON), is a department within the UAH complex in Edmonton, Alberta, funded by the Government of Alberta Department of Advanced Education.

The UAH is a tertiary care facility with approximately 685 occupied beds which serves Edmonton area and acts as a referral center for Northern Alberta, the Yukon, Northwest Territories and Northern British Columbia. Medical and surgical clinical areas were utilized for student placements and generally, more elderly clients are admitted to medical units than to other services. The average age of clients on general medical units is approximately seventy-five, although this fluctuates daily (Personal communication, April 14, 1994).

The following hospitals in the Edmonton and surrounding areas were also utilized for clinical placement for the Nursing 107 practicum:

Misericordia Hospital, Grey Nuns (Edmonton) Hospital, Leduc General Hospital, Charles Camsell Provincial General Hospital, Glenrose Rehabilitation Hospital, Wetaskiwin General Hospital and the Royal Alexandra Hospital.

The University of Alberta is a large publicly supported non-denominational co-educational institution founded in 1908 with a 1993-94 enrollment of 22,800 undergraduate and 3,300 graduate students in 17 faculties.

Subjects

The target population for this study was full-time nursing students providing direct care in the clinical setting. The population was 172 Entry 92 students enroled in the Nursing 107 spring practicum from May 3 to June 11, 1993 in a medical or surgical posting in the acute care setting. They were assigned to twenty-three clinical groups with one nurse educator per clinical group.

The treatment variable Nursing 107 was the students' first clinical practicum in nursing care of the acutely ill client. This consolidated clinical practicum focused on care of adults and older adults and assured exposure to care of the elderly client. Male students made up 4.9 percent of the sample. The national statistics on nursing students indicate that about 2,205 students or 9.5% of the nursing enrolments are men (Canadian Nurses Association in Okrainec, 1994, p. 94). Participants were volunteer subjects.

> Volunteer subjects are likely to be a biased sample of the target population since volunteers have been found to differ from non-volunteers. Volunteers tend to be better educated than non-volunteers,

> volunteers tend to be in higher need of social approval than non-volunteers, and volunteers tend to have a higher social class than the non-volunteer (Borg & Gall, 1989, p 228).

Due to unforeseen circumstances, the pretest was not completed by one clinical group of eight students. Consequently, this group was deleted from the study and the sample was reduced to 165 students. All 165 remaining students or 95% of the total enrolment of Entry 92 students volunteered to participate in the study. The sample remained large enough for the study to be generalizable with caution. Several factors may have contributed to the high response rate. The Nursing 107 instructors were very supportive and assisted in data collection by providing class time for students to complete the questionnaires. The students were looking forward to their clinical experiences with enthusiasm and the Hawthorne effect may have also come into play. The aforementioned term refers to the stimulation to output that results from the mere fact that the individual is aware of participating in an experiment or is receiving special attention (Borg & Gall, 1984, p. 190).

Pretest and posttest data collected during the first and fifth week of the six-week NU 107 practicum were prepared and entered into the computer using the SPSS 4.0 software package. Data were then analyzed for the extent of change that occurred during the six-week clinical experience in the acute care setting.

In order to answer research question four, (what are the reported factors that influenced student nurses' perceptions of the elderly to change during clinical experience?) a small group of students were selected from the larger sample for interviews according to the following criteria:

(a) completed both pretest and posttest

(b) consented to be interviewed

(c) demonstrated the largest extent of positive or negative changes.

Five students with the largest positive changes and five with the largest negative changes and who met the second criterion were selected for interviews.

Instrumentation

Methodological triangulation is the use of at least two methods, usually qualitative and quantitative, to address the same research problem. Triangulation is used to ensure that the most comprehensive approach is used to solve a research problem (Morse, 1991). Since this study was descriptive and exploratory in nature, the survey and interview methods were considered to be appropriate methodological approaches.

The survey design, one of the most commonly used quantitative research methods in adult education, was used. The goal of a survey is to draw generalizations about a larger group or population based on data from a sample of that population. Therefore, surveys should include a description of how the sample was selected, as well as evidence that the sample is comparable to the population to which the findings are to be generalized (Hayes, 1991).

Instruments

Kogan's Old People Scale (KOPS)(1961) was selected as an appropriate

instrument to use for this survey method since the purpose of the study was to assess perceptions toward old people among those who care for the elderly. The instrument involves limited time to complete, has ease of scoring and is specific to this area of study (Taylor & Harned, 1978). KOPS was developed by Dr. Kogan to measure attitudes towards the elderly in the late 1950s and was first published in 1961 (Kogan, 1961a). The respondents were requested to give their initial response to the statement on a Likert type response scale. Test reliability and content validity were reported by Kogan and from use of this scale in several nursing research studies (Dye, 1979; Hannon, 1980; Penner, Ludenia & Mead, 1984). Internal consistency reliability of the scale ranges from 0.66 to 0.85, and criterion validity has been suggested by positive correlations with attitudes towards minority groups, including racial minorities, and groups of mentally and physically disabled persons (Kogan, 1961).

Kogan's Old People Scale (Kogan, 1961a) (see Appendix F), a Likert scale of 34 short statements (17 positive-negative paired questions where the positive statement and negative statement are opposites) was used to obtain a measure of student nurses' perceptions of the elderly. Kogan's Old People Scale (KOPS) questionnaire was used for the pretest prior to the treatment of clinical nursing experience and as a posttest following clinical experience.

Verbal permission to use the instrument was confirmed by written permission from Dr. Nathan Kogan (Appendix B). Items in KOPS addressed concerns about residential patterns for old people, discomfort in the presence of old people, personal attributes of old people, relationships across the generations, dependence, cognitive style and capacity, appearance and personality of elderly people.

The following six response categories in the original tool were also used in this study: strongly disagree, disagree, slightly disagree, slightly agree, agree and strongly agree. These categories were assigned numbers from one to three and five to seven respectively. Failure to respond was scored a four. The scale is a self-administered pencil and paper test with no suggested time limit. In this study, the positive and negative responses of the scale were combined by reversing the negative responses and averaging them with positive responses to yield one score. The range for the total Kogan scale was 34 to 238 with the higher scores representing a more positive attitude.

Kogan tested his instrument on three samples of psychology students at two different universities: (1) 128 males, (2) 186 males, (3) 87 males and 81 females. Kogan reported interscale correlations for the three groups at 0.51, 0.52, and 0.46 respectively. Another sample of 89 males and 115 females from the Age Centre of New England in Boston was tested. The mean age of the respondents was 71 for males and 68 for females. KOPS also has been used extensively with college students and in the health care field (McTavish, 1971).

A t-test for the statistical significance of the overall mean differences yielded t values which were significant at the .01 level in each of the three original samples. The students tended to be more positive than negative in their attitudes toward the elderly. Kogan established two forms of validity. The first was a correlation of scales with other variables and the second, correlation of scales with later behaviors (Mangen & Peterson, 1982). Concurrent validity was also reported, using measures of authoritarianism and antiminority attitudes (Kogan in Heliker, Brophy, Naughton-Walsh et

al., 1993).

KOPS was administered to the sample participants during the first and fifth week of the Nursing 107 summer practicum. The 34 paired questions were presented in random order as suggested by Dr. Kogan.

The Information Sheet (Appendix F) used to gather demographic data was developed by the researcher and included personal and professional data including potentially influencing variables of age, marital status, level of education, age of preferred client group and previous involvement with seniors. This background information was deemed important to help the researcher explore relationships between the demographic characteristics and the perceptions of student nurses towards the elderly. The Information Sheet was reviewed by a panel of experts for content validity prior to use in the research study and revised according to feedback received.

Data Collection

Ethics reviews were conducted and approval was obtained from both the University of Alberta Faculty of Education, Department of Adult, Career and Technology, and the Faculty of Nursing Joint Ethics Review Committee, a joint committee of the Faculty of Nursing and University of Alberta Hospitals. Permission to conduct the study within the School of Nursing and with the student nurses was obtained from the Director of the School of Nursing (Appendix A). A meeting was arranged with the UAH SON nurse educators to request their permission and cooperation to involve their students in the data collection process. Permission to access class time was arranged with the nurse educators and appointments were scheduled to administer the questionnaires prior to clinical experiences in the practicum.

The researcher provided the students with both written (Appendix D) and verbal explanations of the purpose of the study and the pretest, demographic questionnaire and posttest involved in the study (see Appendices D, G). The interview selection process was also explained to the students. They were informed that participation in the study was purely voluntary, that there would be no harm or consequence if they did not participate in the study, and that they might drop out of the study at any time if they decide to participate. They were assured of confidentiality, that the findings of the study might be used in presentations or discussions, but that individual information would not be revealed at any time from this study. They were informed that if interviews were tape-recorded, the tapes would be destroyed seven years after the completion of the study and that the typed interview and notes would be stored in a locked file.

Following the brief question period, the pretest questionnaires and Information Sheet were distributed. Individual consents were not obtained: the returned completed questionnaires were considered to be consent to participate in the study. Twenty-two clinical groups with approximately eight students in each group participated in this study. Several nurse educators worked in teams which enabled the researcher to access several clinical groups at once. The questionnaire administration process was repeated several times until data collection was completed.

The posttest was administered during the fourth week of the six-week practicum and a process similar to the pretest questionnaire administration was utilized. Access to class or post conference time was arranged with the nurse educators whose students were participating in the study and the KOPS

questionnaires were administered at the appointed times. Questionnaires were administered to the students either by their nurse educator or by the researcher and the sealed envelopes were collected and secured in a locked cupboard.

Data entry and verification were completed on data from the Information Sheet and from responses to Kogan's Old People Scale pretest collected during the first week of the six-week Nursing 107 practicum. Data from the posttest administered during the fifth week were processed in a similar manner. The questionnaire results were entered into the computer and compared and analyzed for the extent of changes in the pretest and posttest scores using the SPSS 4. 0 software package. Five volunteer students from the sample with the largest negative perception change and five with the largest positive perception changes were selected to be interviewed. A set of questions (see Appendix F) was used to help maintain focus during the interview. A guided interview ensures that the researcher will obtain all information required (without forgetting a question), while at the same time permitting the informant freedom of responses and description to illustrate concepts (Field & Morse, 1985, p. 67).

Interviews

Data were also gathered through interviews. Use of interviews as a data collection tool needs to be considered in the research planning stage as participants need to be accessed and their cooperation is required. Timing is important as the extent and nature of the disruption needs to be considered. Tape recording the interview has its advantages and disadvantages. It facilitates documentation as writing notes verbatim during an interview is

neither possible nor recommended. However, tape recorders may inhibit the participant from disclosing confidential, relevant information.

The researcher tape-recorded the interviews, which took about 30 minutes, with the volunteer participants' consent. They were informed that the researcher might take notes during the interview and that they could choose not to answer any questions or discuss any subject in the interview if they did not want to. They were assured that the interviews were confidential and were offered the option to change any discussion or information given during the interview. They were also given the option of listening to the taped interview at a later date if they wished. None of the students pursued this option. This was possibly due to the fact that interviews took place during the fifth week of a six-week practicum which marked the end of first year. Priorities such as summer vacation or summer employment likely took precedent at this time. Interviews were conducted during the fifth week in order to facilitate the clinical nurse educator, students and researcher.

Analysis of data gathered from the pretest and posttest questionnaires included mean scores and standard deviations. Items were clustered on the basis of their manifest content (Kogan, 1961). For example, item pairs one, five, and 12 addressed residential aspects of old people's lives and were grouped into cluster one. Seventeen pretest and posttest paired items were grouped into clusters and eight new variables were created. Means and standard deviations were computed on these variables and analyzed. T-tests were used to determine the statistical significance of an observed difference between sample means (Borg & Gall, 1989). T-tests were computed on pretest and posttest means to determine whether there were statistically significant

differences between the eight cluster means. Demographic data, including age, gender, marital status, level of education, previous work experience and preferred age group of clients to work with, were analyzed and data tabulated.

Analytical Procedures

The Information Sheet and Kogan's Old People Scale (KOPS) were administered as a pretest to the sample of Entry 92 students in the first week of Nursing 107, a six-week concentrated practicum. The Information Sheet determined demographic and educational characteristics as well as preferred age group of clients to work with, actual age groups worked with, and previous close continued contact with an elderly person prior to entering nursing. Data from the Information Sheet and the responses to the pretest questionnaire collected during the first week of the six-week Nursing 107 practicum were prepared and entered into the computer using the SPSS 4.0 software package. This preparation facilitated comparison with data from the KOPS posttest which was collected during the fourth week of Nursing 107 practicum and processed in the same manner as the pretest data. The KOPS posttest included the question "What age group of patients did you spend most time with?"

Pretest and posttest data were analyzed and compared in order to identify respondents with significant negative or positive changes in the KOPS scores. Ten students whose KOPS pretest and posttest scores demonstrated the largest negative or positive changes were selected and interviewed using a set of questions (see Appendix F) to assure that focus was maintained.

Descriptive statistics from the pretest and posttest such as the means,

frequencies and standard deviations for the group have been summarized and presented in tables. Data from the information sheet demonstrated the profile of the sample with respect to age, marital status, level of education, age of preferred client group to care for and previous contact with the elderly prior to entering nursing. Analysis of variance was computed on the independent variables of age, marital status, level of education, previous experience with the elderly and preferred age group to care for, to determine the influence of these variables on student nurses' perceptions of the elderly. T-tests were computed to test the differences between the KOPS score means of the pretest and the posttest clusters.

Interview Data Analysis

The following are analytical procedures for data from interviews with the selected students. The researcher transcribed the interviews and read the notes to become more familiar with them. Factors influencing perceptions of the elderly as reported by student nurses' were extracted and the meaning of each significant sentence or phrase clarified. Significant statements were numbered and listed in table format.

Themes or clusters of ideas were formulated, numbered and tabulated. The researcher looked for alternative explanations of themes and extremes or outliers. Anything contrary to the themes was identified and validated by referring back to the original transcripts. Quotations were used to support themes hence it was important to keep good records of verbation data.

Data were synthesized and summarized. In the conclusion-drawing stage, patterns and themes were analyzed for plausible explanations. In the conclusion-verification stage, a check was made for representativeness,

researcher effects and triangulation by referring back to the transcripts from the interviews.

Summary

One hundred and sixty-five Entry 92 students from the University of Alberta Hospitals School of Nursing enroled in the Nursing 107 concentrated six-week summer practicum were the sample for this study to examine the extent and nature of the influence that clinical nursing experience has on baccalaureate student nurses' perceptions of the elderly. The evaluation was based on analysis of a demographic questionnaire, the pretest and posttest questionnaires and interviews of ten participants selected from the sample. The independent variables were the characteristics of the students with respect to age, gender, marital status, level of education, previous experience with the elderly and age of preferred client group. Dependent variables included the pretest, posttest and the Nursing 107 clinical practicum.

CHAPTER 4

DATA ANALYSIS AND RESULTS

Introduction

The analyses of the data and results obtained through instruments and methods described in chapter three are reported in this chapter. The response rate for the questionnaires is followed by a description of the sample in terms of demographic characteristics. Student nurses' perceptions of the elderly prior to clinical experience in the acute care setting are reported and compared with their perceptions of the elderly following concentrated clinical experiences. Pretest and posttest data were analyzed and compared for the extent to which clinical experience influenced student nurses' perceptions of the elderly. Interview data were analyzed for reported factors that influenced change in the student nurses' perceptions of the elderly during clinical experience. The influence of the independent variables of age, marital status, level of education, previous experience with the elderly and preferred age group to work with on student nurses' perceptions of the elderly was examined.

Response rate

The sample for this study was 172 University of Alberta Hospitals School of Nursing students enroled in a spring practicum. The sample was reduced to 165 students as the pretest questionnaires were not completed by one clinical group and consequently deleted from the study. One hundred and seventy-two pretest questionnaires were distributed, and 165 posttest questionnaires were distributed. Due to student absenteeism and incomplete

questionnaires, 142 completed paired questionnaires were obtained with 84% return (see Table 1).

Subject data

The Information Sheet was used to collect data regarding sex, marital status, previous education and other demographic characteristics. The data are presented in Table 2.

Demographic data

The student ages in this sample ranged from 17- 44 years (mean age of 20.55); 78.3% were 21 years old or less; 4.9% of the sample were male students and 93.7% were single.

Educational characteristics

Subject data revealed that 92.9% of the sample had high school completion only; 6.3% had a previous university degree and only 0.7% had college diplomas.

Preferred age of patients

It was found that 24.6% of the sample (the largest group) selected the 20-45 year olds as preferred age group of clients to care for, followed by 23.9% selecting the 2-12 year old age group; whereas 4.9% of the respondents (the smallest group) selected the 13-19 year olds as preferred age group of clients to care for. Only 5.6% indicated a preference for the 65+ year old group, while the other 5.6% stated no preference.

Table 1

Response Rate

Pretest questionnaires distributed	172
Posttest questionnaires distributed	165
Completed paired questionnaires returned	142
Percentage return	84

Table 2

Subject Data

		n	%
Demographic Data			
Male		7	4.9
Female		135	95.1
Mature students over 21 yrs.		31	21.7
Married		4	2.8
Single		133	93.7
Divorced		1	.7
Other		4	2.8
Previous Education			
High school leaving		132	92.9
College diploma		1	.7
University degree		9	6.3
Preferred age group of patients to care for			
0-1 yr.		25	17.6
2-12 yrs		34	23.9
13-19 yrs		7	4.9
20-45 yrs		35	24.6
46-64 yrs		19	13.4
65+ yrs		8	5.6
no stated preference		8	5.6
Contact with the elderly prior to entering nursing	(yes)	93	65.5
	(no)	49	34.5

The sample had completed a placement with elderly clients in nursing homes and lodges prior to the Nursing 107 practicum. Data were collected during the Nursing 107 practicum which was the sample's first exposure to the care of the acutely ill adult and older adult clients. Their stated preference of clients to care for, however, included various age groups. These learners were first-year students hence a limited range of nursing experience may have precluded their choice.

Previous close contact with elderly

Sixty-six percent of the sample responded that they had close, continued contact with the elderly prior to entering nursing school. All of the subjects had spent some time caring for clients 65+ years of age during the clinical practicum. However, posttest data indicated that 54.2% of students had actually spent the most time caring for the 65+ age group in comparison to caring for clients of other age groups. This was followed by 33.1% of students spending the most time with clients in the 46-64 year old group. Whereas 12.7% of the students spent the most time on clinical with the 16-45 year old group.

The following section includes data analysis and results related to the five research questions presented in Chapter 1.

Research Question One

What are student nurses' perceptions of the elderly prior to concentrated clinical experiences with the elderly in the acute care setting?

The pretest questionnaire data were analyzed to answer the first

research question. Kogan's Old People Scale (KOPS) consists of 17 matched pairs of positive and negative questions. All 34 items were used in random order and a 7-point scale was used, with 4 designated as "no response" (see Appendix F). In scoring, responses to the negative items were reversed so that ratings of 1, 2 and 3 indicated negative attitudes and 5, 6 and 7 indicated positive attitudes. The scores for paired questions were then averaged to yield one score, thus resulting in 17 responses (Table 3). It is noteworthy that the per-item means were larger than the "no response" score of 4 given to the hypothetical indifference point in all but Pair 16, which had a pretest mean score of 3.74. The overall item means of the 17 paired responses ranged from 3.74 to 6.24 with standard deviations ranging from 0.65 to 1.26. Conclusions can be drawn from these findings that the sample tended to be more favorable than unfavorable in their attitudes towards the elderly according to the KOPS response.

Paired Item 16 deals with old people's feelings about the younger generation and had the highest mean in Kogan's research, indicating the most unfavorable attitude towards old people (Kogan, 1961). Scoring in this study was reversed from Kogan's method and resulted in Pair 16 having the lowest mean score of the 17 paired items with a mean score of 3.74 and a standard deviation of 1.26. Pretest and posttest paired items with means and standard deviations are presented in Table 3.

Kogan suggested the possibility of a priori clustering of items on the basis of their manifest content (1961). The KOPS item pairs were clustered as follows:

Table 3

Pretest /posttest means and standard deviations of KOPS paired items. N=142

Pairs	Items	Pre test code	mean	std dev	post test code	mean	std dev
1.	residential aspects	V114	4.66	1.26	V139	4.72	1.37
2.	what makes them tick	V115	5.46	1.08	V140	5.57	.97
3.	adjust to change	V116	4.22	1.23	V141	4.60	1.15
4.	concerns about work	V117	5.65	1.03	V142	5.75	.97
5.	home maintenance	V118	5.89	.80	V143	6.01	.73
6.	wisdom	V119	5.32	1.09	V144	5.44	1.09
7.	power	V120	5.09	1.12	V145	5.04	1.13
8.	level of comfort	V121	5.39	1.12	V146	5.61	1.04
9.	communication with others	V122	6.24	.65	V147	6.25	.65
10.	giving advice	V123	5.28	1.07	V148	5.54	.96
11.	faults	V124	6.12	.70	V149	6.18	.78
12.	residential neighborhood	V125	5.74	.83	V150	5.78	.79
13.	individual differences	V126	5.44	1.23	V151	5.54	1.22
14.	personal appearance	V127	5.84	.79	V152	5.93	.70
15.	type of personality	V128	5.72	.80	V153	5.82	.75
16.	interpersonal relationships	V129	3.74	1.26	V154	4.28	1.37
17.	love and reassurance	V130	4.39	1.15	V155	4.42	1.20

1. Pairs 1, 5, and 12: residential aspects of old people's lives;
2. Pairs 2 and 8: discomfort in associating with old people;
3. Pairs 11 and 13: the extent to which old people vary between one another;
4. Pairs 9, 10, and 16: cross-generation relationships;
5. Pairs 4 and 17: dependence;
6. Pairs 3 and 6: older persons' cognitive style and capacity;
7. Pairs 14 and 15: personal appearance and personality of old people;
8. Pair 7: power (does not cluster).

Seventeen pretest paired items were grouped into clusters and eight new variables were computed and analyzed. The means and standard deviations of the eight variables are shown in Table 4.

Cluster Six, which addresses older persons' cognitive style and capacity, had the lowest mean score of the eight pretest clusters with a mean of 4.77 and a standard deviation of 0.94. Pretest data analysis revealed that student nurses had the least favorable perceptions of the elderly with respect to older persons' cognitive styles and capacity.

Cluster Three (the extent to which old people vary between one another), and Cluster Seven (personal appearance and personality of old people) had the highest mean scores of 5.78 and standard deviations of .77 and .68 respectively. Student nurses had the most favorable perceptions of the elderly with regard to Cluster Three (the extent to which old people vary among one another) and Cluster Seven (personal appearance and personality of old people).

KOPS pretest data analysis revealed that student nurses' overall

perceptions of the elderly prior to concentrated clinical experiences in acute care setting was favorable. This may be partly due to the the fact that the students had just completed the Nursing 104 assessment course.

Research Question Two

What are student nurses' perceptions of the elderly following concentrated clinical experiences with the elderly in the acute care setting?

In order to answer the second research question, posttest data were computed and analyzed using a process similar to that used for the pretest data. The 34 items on the questionnaire were paired and 17 new variables were computed. Mean scores and standard deviations for posttest variables were then analyzed and tabulated with the pretest data (see Table 3). Mean scores for the posttest ranging from 4.28 to 6.25 were all larger than the "no response" score of four. Standard deviations ranged from .65 to 1.37. Item Pair 16, with a mean score of 4.28, had the lowest mean score in the posttest, although higher than the pretest mean of 3.74. The overall increase in posttest mean scores demonstrated an increase in favorable attitudes towards the elderly.

The 17 paired items in the posttest were then clustered using the same process as the pretest, eight new variables were then computed, and scores were tabulated and analyzed (see Table 5). Seven of the mean scores were higher in the posttest than the pretest. The mean of Cluster Eight (dealing with power in business and politics) decreased minimally from 5.09 to 5.04. Data analysis revealed an overall increase in favorable perceptions of the elderly following clinical experience (Figure 1).

Table 4

Clusters of KOPS pretest paired items: means and standard deviations. N=142

Clusters	Pairs	Code	M	SD
1. Residential aspects	1, 5, 12	V131	5.43	.64
2. Discomfort in associating with old people	2, 8	V132	5.43	.93
3. Extent to which old people vary among one another	11, 13	V133	5.78	.77
4. Interpersonal relations across generations	9, 10, 16	V134	5.09	.77
5. Theme of dependence	4, 17	V135	5.02	.84
6. Older persons' cognitive style	3, 6	V136	4.77	.94
7. Personal appearance and personality	14, 15	V137	5.78	.68
8. Power in business and politics	7	V138	5.09	1.12

Table 5

Clusters of KOPS posttest paired items: means and standard deviations. N=142

Clusters	Pairs	Code	M	SD
1. Residential aspects	1, 5, 12	V156	5.51	.71
2. Discomfort in associating with old people	2, 8	V157	5.59	.81
3. Extent to which old people vary among one another	11, 13	V158	5.86	.83
4. Interpersonal relations across generations	9, 10, 16	V159	5.35	.76
5. Theme of dependence	4, 17	V160	5.09	86
6. Older persons' cognitive style	3, 6	V161	5.02	.87
7. Personal appearance and personality	14, 15	V162	5.88	.67
8. Power in business and politics	7	V163	5.04	1.13

Research Question Three

What changes in student nurses' perceptions of the elderly occurred following clinical experience with the elderly?

The pretest and posttest data were analyzed and results compared for changes that occurred in student nurses' perceptions of the elderly following the six-week clinical practicum. Data gathered in response to research questions one and two were used to answer research question three. The overall results indicated that favorable attitudes towards the elderly increased following clinical experiences.

A comparison of means revealed mean increases in seven of the eight clusters and a mean decrease of -.0528 in Cluster Eight. The largest mean increase of .2688 occurred in Cluster Four which addressed interpersonal relationships across generations. The second largest mean increase of .2518 was in Cluster Six which referred to older persons' cognitive style and capacity.

T-tests were computed to determine whether there were statistically significant differences between the pretest and posttest means of the eight clusters. T-tests revealed statistical significance at the .05 level in four of eight clusters. The inferential data for the pretest and posttest clusters with significant t values are shown in Table 6.

The results of the t-tests on Cluster One which addressed residential aspects of old people's lives yielded a t value of 1.41. The slight increase of .0739 in the mean size was not statistically significant at the .05 level.

Comparison of pretest/posttest cluster means (Likert scale)

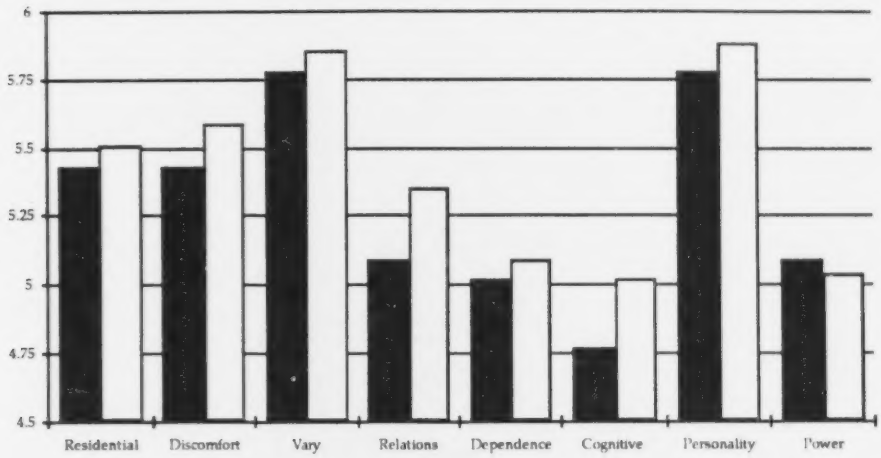

Figure 1

Table 6

T-test for 8 Clusters of pretest and 8 clusters of posttest N=142

Clusters	Increase in mean	SD	t value	Degrees of Freedom	2-tail prob.	
1	.0739	.623	1.41	141	.160	
2	.1602	.719	2.66	141	.009	*
3	.0810	.632	1.53	141	.129	
4	.2688	.572	5.60	141	.000	*
5	.0651	.723	1.07	141	.285	
6	.2518	.717	4.19	141	.000	*
7	.0968	.555	2.08	141	.040	*
8	-.0528	.897	-.70	141	.484	

* Statistical significance at the $p<.05$ level

Cluster Two, which includes pairs two and four, reflected on the degree to which feelings of discomfort and tension are experienced in associating with old people. T-tests showed an increase of .1602 in the mean and a t value of 2.66 which was significant at the .009 level. Conclusions can be drawn from these results that clinical experience (treatment) increased the students' comfort level in associating with old people.

Results of t-tests on Cluster Three, which addressed the extent to which old people vary among one another, revealed a mean increase of .0810, a t value of 1.53 and a probability of .129 which was not statistically significant at the .05 level.

The t-test results on Cluster Four, the nature of interpersonal relationships across generations, revealed the largest mean increase of the eight clusters at .2688 and a t value of 5.60 which was statistically significant at the .000 level. These findings demonstrate that clinical experience improved students' perceptions of elderly and their interpersonal relationships across generations.

Cluster Five, with a theme of dependence, showed a mean increase of .0651 and a t value of 1.07 which was not statistically significant at the .05 level.

Cluster Six included item pairs three and six which referred to older people's cognitive styles and capacity. T-test results revealed a t value of 4.19 which was statistically significant at the .000 level. These findings implied that clinical experience improved student nurses' perceptions of older persons' cognitive styles and capacity.

Personal appearance and personality are cited in item pairs 14 and 15 which have been grouped into Cluster Seven. T-test analysis revealed a mean increase of .0968 and a t-value of 2.08 which was statistically significant at the .040 level. We can conclude from these findings that clinical experience had a positive influence on student nurses' perceptions of old people regarding personal appearance and personality.

T-test analysis on Cluster Eight addressing power in business and politics had the only mean decrease in this group of t-tests at -.0528, a t value of -.70 and a probability of .484 which was not statistically significant at the .05 level. Item pair seven which does not cluster with any of the other items (Kogan, 1961, p. 45) was the only item pair in Cluster Eight.

Research Question Four

What are the reported factors that influenced student nurses' perceptions of the elderly to change during clinical experience?

The following are data from interviews with ten students, five whose pretest and posttest scores showed the largest extent of negative changes and five whose pretest and posttest scores showed the largest extent of positive changes. The text was generated from tape-recorded interviews which were transcribed, analyzed and reduced into themes. The text in quotes is the exact words of the identified speakers, as it occurred in the interviews. In a few instances a word was added or the verb tense was changed to make the text flow.

Introduction to the students

The students represented a diverse group of backgrounds which is typical of first year university students. All names of individuals are pseudonyms to protect confidentiality. The student pseudonyms are listed in Figure 2. The numbers following the pseudonyms and shown in brackets throughout the script quantifies the extent of the positive or negative changes between the pretest and posttest scores experienced by the interviewed students. The scores for KOPS using a 7-point scale can range between 34 and 238. The higher scores represent a more positive attitude with "4" assigned to a hypothetical indifference point. Kogan (1961) found that students were more favorable than unfavorable in their attitudes toward old people according to their responses to his scale.

The overall posttest scores indicated that student nurses' perceptions of the elderly were more favorable than unfavorable. Findings from this study revealed the five respondents with the largest positive changes between the pretest and posttest scores. However, Liz, Dave, and Jane had pretest scores of 125, 117 and 124 which were more negative than positive. Dave's posttest score of 133 demonstrated a positive change but was below the hypothetical indifference point of 136. His perceptions of the elderly remained more unfavorable than favorable in spite of the positive changes between his pretest and posttest scores.

The pretest scores of the five respondents who revealed the largest negative changes between their pretest and posttest scores indicated they held favorable perceptions of the elderly. Mary's pretest score of 236 was the second most positive score of the sample. Although posttest scores resulted

in negative changes, only Ellen's score of 130 indicated an unfavorable perception toward the elderly. The other students' perceptions of the elderly remained favorable according to KOPS scores (Figure 2). A brief sketch of each of the ten students who participated in the interviews follows.

The extent of change shown by comparing pretest/posttest results.

Positive changes				Negative changes			
student	pretest	posttest	difference	student	pretest	posttest	difference
Liz	125	138	+13	Mary	236	214	-22
Sue	156	171	+15	Ellen	152	130	-22
Dave	117	133	+16	Ann	221	198	-23
Kathy	151	169	+18	Nancy	226	200	-26
Jane	124	155	+31	Beth	227	198	-29

Figure 2

Ann (-23) is a young 18 year old whose clinical assignments were only with male patients. She stated several times that "I do not want to become like that". She was assigned to aphasic or immobilized patients and had fears of dropping them during transfers. She also felt that the pace was too slow. During her six-week rotation she experienced four deaths in her clinical area, and stated she felt sad about the experience.

Beth (-29) is a friendly, relaxed 19 year old who has worked part-time at an extended care setting since April, 1993. She openly discussed staff conflicts and negative attitudes in the clinical area which initially created a bad experience for students until the situation was remedied. She was insightful when she stated that the realistic setting is a little different from what the book says, and that one needs to compromise on the floor. She felt that more classes on specific care of the sick elderly could have prepared her better for

the acute clinical experience.

Kathy (+18) is a reflective 19 year old who found that clinical experience influenced her thoughts on old people. Her only contact with the elderly prior to entering nursing school was her summer volunteer work at an extended care center during high school. She feels that positive perceptions of the elderly "is just your own experience and who you are". She confided that clinical nurse role models had a large influence on her during this clinical experience. She felt her positive change was due to observation of good and not-so-good nursing care.

Mary (-22) is a an enthusiastic and talkative 23 year old. She stated the ages of her patients ranged from 18 to 70 years of age, although she had mostly young clients. She stated her preference was working with the older client and has a job in an auxiliary hospital. She described caring for her grandfather, who had Alzheimer's, as a good experience. She felt Nursing 104 was a positive experience for most students. The elderly clients were not sick, and she felt she gained insight into what elderly are like. She does not think she would entered into this profession if "I didn't want to work with the elderly because I knew pretty much ahead of time that was my main clientele".

Jane (+31), a reserved and serious 19 year old expressed her feelings about her clinical experience as "very rewarding". She reflected on the death of one of her clients and the very mixed emotions she experienced in dealing with this process. She felt the satisfaction and rewards of knowing she had provided some comfort to her client. She described her grandparents as well, healthy individuals and reflected on the vast differences of individuals and

in the aging process.

Dave (+16) a smiling, jovial 26 year male participant, is the youngest member of a large family, and describes his parents as "seniors". He spoke of his feisty, active, and demanding grandmother with whom he has a relatively close relationship. He feels patients are in a compromised situation as recipients of care and that they appreciate the nursing care they receive.

Sue (+15), a bubbly, open and talkative 22 year old woman had opinions to share. She states she has a very clear goal to pursue nursing as a career and has been preparing to be a nurse for quite some time. She feels that some experience in nursing or a related health field should be a prerequisite to entering a nursing program. She is a very energetic individual with realistic goals and an awareness of her limitations. She offered feedback regarding courses and felt that instructors play a very large role in the life of the first year nursing student. She discussed the fears she had of not being able to cope with the death of a client when she entered nursing. A patient died during her clinical rotation and Sue found she was able to provide support to the family in a professional manner.

Ellen, (-22) who was 20 years old, felt she had not changed her negative attitudes over the pretest and posttest period. She spoke of her culture and of her grandmother who lives with the family. Ellen feels her grandmother, whom she perceives as demanding, might have been the cause of some of her negative changes.

Liz (+13) is also 19. She has two healthy grandmothers and states that she has never considered elderly clients any different from other assignments with people of other ages she has had. She feels that the clinical experience

has helped her to develop a more positive perception of the elderly.

Nancy (-26) is 18 years old and works part-time as a nursing attendant on an extended care unit. She felt that the experience helped her in nursing school. She described the frustrations and challenges of caring for patients with communication barriers such as aphasia as a result of a cerebral vascular accident, or a language barrier. She experienced these challenges with all her clients during her clinical experience, and felt first-year nursing students need more positive feedback from their clients.

Analysis of interview data will be presented in the following section.

Interview data analysis

The first step in data analysis, which is sometimes termed data reduction in qualitative research, is the anticipatory reduction step. Themes, patterns and clusters of ideas are anticipated, and accepted or rejected as patterns or themes begin to emerge. A theme is some concept or theory that emerges from your data (Mills in Bogdan and Biklen, 1992). Thematic analysis consists of excerpts to present evidence of a theme to the reader. The reader needs sufficient description to relate to the meaning of the theme (Benner, 1985, p. 10).

The following themes emerged from the analysis of interviews with students who had completed their first consolidated acute care practicum towards their goal to become nurses (Figure 3). Quotations are included to support themes. Themes were formed, analyzed for relationships between themes and conclusions drawn.

List of Themes
1. Respect and feedback
2. Patient deaths
3. Previous experience with the sick elderly
4. Previous experience with the elderly
5. Positive role models
6. Negative role models
7. Unrealistic or idealistic expectations
8. Clinical nursing is hard work
9. Behavior of elderly clients

Figure 3

Themes

1. Respect and feedback

During the clinical experience, the student nurse is required to apply theoretical knowledge and problem solving skills learned in the classroom setting. The student is faced with challenges and tension during this experience and gradually becomes able to focus on the patient as a person while blending theoretical knowledge and practical knowledge through clinical application. Students chose nursing as a profession because of their desire to be caregivers, to nurture and to provide care but reported they recognized their need to receive respect and feedback from the patient as an important and rewarding aspect of nursing.

Competency and caring are relational, particularly for the novice student. The student nurse makes nursing care efforts in caring for an elderly client. Implementing a procedure which is likely newly acquired knowledge somewhat familiar to him or her, with minimal or no feedback from the client creates increased anxiety in the student. The client's ability to provide respect and feedback is an important and necessary factor contributing to

competency in the student nurse.

> Kathy (+18): One man had congestive heart failure. He required total care. It isn't the funnest thing to do, but I felt it was an opportunity to talk just on a short term basis... to get to know him better. I wasn't always excited about it. I had a stroke patient who couldn't speak. It's such a barrier. How do we know if he wants cream in his coffee or not? It's difficult and frustrating, isn't it?

> Liz (+13): Most of them respect you as a caregiver, are very thankful and love to visit. Its fine taking care of a total care patient, but you can't visit with them. I like patients who can give feedback, but it's not always going to be like that.

> Jane (+31): Very rewarding experience. They just want to be able to talk to you and have you listen to them.

> Nancy (-26): Every patient I had, had a communication barrier. Maybe that's what is bothering me, I couldn't talk to them. I had a client who only spoke Chinese, another who only spoke Ukrainian, and another client who had a possible stroke and was totally unresponsive . . . no communication except withdrawal of his arm when I took his blood pressure. Maybe I wanted to know if I'm doing things right or not. For a first year student, it's hard if there is no feedback from the patient...need reassurance. You're so green you need to know that you are progressing well. You have to get used to it; you will not always have a client who can communicate with you.

> Beth (-29): Need so much patience; need to give, give, give. Lots of them are so demanding.

Respect and feedback were themes reported as important factors influencing student nurses' perceptions of the elderly. Jane (+31) stated that talking and listening to her client was a very rewarding experience. Liz (+13) talked about the respect clients have for the caregiver. She also liked patients who can give feedback. Kathy (+18) was able to talk to her patient and get to

know him better. She also experienced frustrations when a patient was unable to communicate with her. Ann (-23) and Nancy (-26) also discussed the difficulty of caring for patients with communication problems. Nancy expressed the need a first year student has for reassurance, which her patients were unable to provide.

Students who received verbal feedback from their clients during their care demonstrated a positive change during the six week period, whereas students who cared for clients with communication barriers revealed negative perception changes. Receiving respect and feedback were reported factors which had a positive influence on student nurses' perceptions of the elderly during clinical experience.

2. Patient deaths

Many nurses still have difficulty dealing with patients who are dying, probably because of a basic human fear of death. Death of a patient is inevitable on the acute care areas, particularly on medical units where the average age of admissions was reported to be 75 years of age on a given day. Death and dying is a complex process, and the student nurse's first encounter with death is usually an overwhelming experience. The student nurse experiences difficulty separating emotional needs and remaining objective. The experienced nurse can often be more reflective and aware that death is a constant reality. Death of a patient evokes feelings which range from profound sorrow and grief to guilt, sadness, fear, hurt, wonder, respect and relief. The challenge of caring for a patient who dies, however, was reported as a positive influence. The ability to cope with such an experience and facilitating dying with dignity is rewarding and satisfying for students. The

experience also contributes to increased self-confidence and a confirmation that caring makes a difference, even in dying. One student reported the deaths on her clinical area with feelings of sadness.

> Ann (-23): Four people passed away while we were here. That was sad.

Sue (+15) reflected on her feelings about death.

> I had avoided death before. A close friend's brother shot himself a couple of years ago; I couldn't deal with it... stayed at the back of the room at the wake.

When she entered nursing school, she worried about how she would cope with the death of a patient. She found it an important and positive learning experience during her clinical practicum.

> Death was totally new. Death was a big phobia or wonder. I had a big fear of death and how I would deal with it. It was weird and sad. I found I was able to cope with death. I went with my friend who had cared for the client to see the body in the morgue. I felt comfortable seeing the dead body. We went to the funeral of the client who died. It was so nice to see the family and to see how pleased they were. I felt sad.

Jane was very moved and overwhelmed by her experience with the death of her client. She blinked back her tears as she expressed her ambivalent feelings in coping with the death experience.

> Jane (+31): One patient died; I know he's better off where he is; I'm glad I was able to make him comfortable when he was here. I always pictured him as one of my grandparents and how they would like to be treated and how they would feel. I have mixed feelings. This man was total care, and could hardly talk. He was 85. It was kind of a shock.

A great deal of ongoing support is required for the client, family and

caregiver during the death and dying process. The instructor needs to be selective in assigning critically ill clients, however, the student cannot be protected from the realities of life and valuable and challenging experiences. Factors such as culture, previous experience with death, religious belief and significance of the death, as well as support given to the student nurse influences how he/she copes with death of the client. Discussion of the student nurse's feelings following a death is usually necessary and appropriate. Review of grief theories in a post conference can also be supportive to the students.

> A new nurse had her first encounter with a dying patient and was somewhat overwhelmed by the experience. In a patient conference, she and others were presented Kubler-Ross's model of the stages of grief. Both the patient's and the nurse's respective stages were identified by the group. The new nurse clearly gained better understanding of the situation as a result. (Benner, 1984, p. 233).

Sue (+15) discussed her fears of death and her satisfaction in overcoming this fear and coping with the experience. Jane (+31) was moved deeply by her experience. Death of a patient was reported as a factor which influenced their perceptions of the elderly to change positively during clinical experiences.

3. Previous experience with the sick elderly

Previous experience with the sick elderly was a factor that influenced student nurses' perceptions of the elderly to change during clinical experience. Four of the interviewed students had previous experience with the sick elderly which were gained either through work or home situations. Some students are children of sandwich generation parents who are caring

for well or sick elderly parents and parenting young adult children at the same time.

> Sue (+15): I didn't have contact with old people...was scared of old people as a child. I had experience with the elderly to prepare to be a nurse...I feel students should have some experience with the disabled or elderly prior to entering nursing.
>
> Kathy (+18): I volunteered at the Mewburn four or five years ago for about two months. People I took care of were pretty mobile and pretty able.
>
> Mary (-22): My grandfather lived with us when he had Alzheimer's Disease. I helped take care of him. It was a good experience. When he was at home, it was easier to see the gradual changes.
>
> Nancy (-26): I worked as a nursing attendant on an extended care unit before and they were all geriatric patients. Exposure to the elderly helped me quite a bit, then I came to the nursing school.
>
> Beth (-29): I work at an extended care center part-time as a nursing assistant. I got the job in April. It's really frustrating there; a lot of them are not "with it".

The nature of previous experiences with the sick elderly was a reported factor that had both positive and negative influence on student nurses' perceptions of the elderly. Sue (+15) planned her experience to help her in her decision to be a nurse. Karen (+18) was a high school volunteer at an extended care center. Both students experienced positive changes in their perceptions of the elderly during their clinical experience.

Mary (-22), Nancy (-26) and Beth (-29) reported they had close contact caring for the sick elderly prior to their acute care practicum and demonstrated a large negative perception change during their clinical

experiences. These findings demonstrated that previous close contact with sick elderly can have a negative influence on student nurses' perceptions of the elderly.

Two of the respondents who had negative changes worked for financial reasons, and the third respondent's family cared for a sick elderly in the home. Conclusions can be drawn that if previous contact with the sick elderly was voluntary, the perception change was positive; otherwise, previous contact with the sick elderly was reported as a factor that can have a negative influence on student nurses' perceptions of the elderly.

4. Previous experience with the elderly

Previous experience with the elderly was also a factor that influenced student nurses' perceptions of the elderly to change during clinical experience. Demographic data from the information sheet showed that 66% of respondents had close continued contact with an elderly person prior to entering the UAH SON.

> Liz (+13): I've never had to work with them (elderly patients), so I've never given it much consideration. I think I have more tolerance and respect for the elderly since I've been working with them. I think I understand them more. I'm not sure if it's going to be my choice of work either. I have two grandmothers; they're just my grandmothers; not much wrong with them.

> Dave (+16): I never worked with sick elderly people before nursing school. Every elderly is so different; I've taken away my stereotype of the elderly if I had one...I find, my grandmother for one, and other elderly people I have dealt with are quite demanding. They generally don't want to listen to what you have to say because they figure they are old and wise and their way is best. Before, I'd say I avoided old

people like the plague.

Ellen (-22): I didn't have a lot of experience with the sick elderly. I wasn't comfortable with them, but now I had to get used to it. When someone mentions old people, I think about my grandma. She is demanding, and shows no appreciation.

Previous experience with the elderly was also a reported factor that seemed to influence student nurses' perceptions of the elderly to change during clinical experience. Liz (+13) and Dave (+16) both reported a fairly positive relationships with their healthy grandmothers. Ellen (-22) described her grandmother as "demanding, and shows no appreciation". The nature of previous relationships with the elderly may have influenced student nurses' perceptions of the elderly to change either positively or negatively during clinical experience.

5. Positive role models

The students were in their first medical or surgical nursing experience in caring for the acutely ill adult and older adult client. Close clinical supervision and guidance were provided by the nurse educator assigned to each clinical group with a teacher /student ratio of approximately 1 to 8. Students also work closely with their buddy nurses who are assigned to the client. Consequently students develop a close relationship with their buddy nurses and clinical instructors. Positive role models reinforced student nurses' values and influenced their perceptions of the elderly.

Jane (+31): My instructor is a positive influence.

Sue (+15): The instructor can make or break you. My instructor helped students deal with the client.

> Instructors have a lot to do with how students perceive the elderly. My instructor emphasized what you put in is what you get out of a course.

> Kathy (+18): Clinical experience definitely influenced me...definitely influenced my thoughts on older people. The biggest influences were on the long term ward, there are more elderly there...just watching the other nurses and how they respond to people influenced me a lot. Some of them were really good, some weren't.

Positive role models were factors that reinforced values that student nurses had already formulated. Jane (+31), Sue (+15) and Kathy (+18) discussed the importance of role models such as their instructors and other nurses.

6. Negative role models

Negative role models also reinforced values that the student nurses had already formulated. Student nurses were assigned to clinical areas of varying degrees of acuity in tertiary care institutions throughout Edmonton and surrounding areas. Through clinical nursing experience, student nurses learned not only how to care for sick adults but also about the realities of working. In every field of work, including nursing, there are individuals who model professionalism and excellence but there are some who take little pride in their profession. The nurse educator needs to be astute in recognizing "teachable moments" to help reinforce values to students so that they will continue in their pursuit of excellence and professionalism in nursing.

> Jane (+31): I'm sometimes shocked at some of the things that nurses do. A nurse came in and stated to a patient "I'm not helping you. I'm not the one who is 200 hundred pounds overweight."

> Sue (+15): Clinical experience opened my eyes about the lack of respect for the elderly client. I was shocked about the ruthless and uncaring treatment by a professional caregiver; I saw what I don't want to be.
>
> Mary (-22): You can't treat the elderly like small children. Some people think the elderly are stupid and don't listen to them. When I get to that age, I don't want to be treated like that.

Role models who did not show respect and caring for the elderly reinforced negative stereotypes held by society. Negative role models were also factors which reinforced student nurses' perceptions of the elderly. As a result, Mary (-22) reflected on how she does not want to be treated in old age. Students seem to pick up on the helplessness of the elder dependent clients and have decided what they consider to be appropriate and inappropriate caring for the elderly. Role models influence students perceptions of the elderly, however, the influence of negative factors on student nurses' perceptions of the elderly is inconclusive.

7. Unrealistic expectations

Some students enter nursing with unrealistic expectations of the demands that will be made on them. Media such as television have frequently portrayed nursing as exciting "high tech" work. The unfamiliar sights, sounds and odors on the clinical area, however, are often far from glamorous, particularly for the novice student nurse. New stressful situations occur on a regular basis. The hospital clinical experience is filled with situations that can cause insecurities in spite of the preparation done in lectures, readings, lab simulations and patient research. Many enter nursing with idealistic expectations which are quickly quashed by real life experiences.

Sue very succinctly stated that clinical experience was not the nursing experience portrayed by media such as television.

Sue (+15): For most students, it wasn't the exciting career they pictured in nursing as they see in paramedic shows or air ambulance or stuff like that...With geriatrics, everybody gets admitted in, but in a month you die; you don't leave...seems futile. A client had Parkinson's disease and hadn't done range of motion, had contractures, and wasn't getting any better; nobody seemed to care. I didn't see the staff go an extra mile to care for the patient.

Sue (+15): Can't go into nursing and just treat it as a job. Nursing makes you do a lot of soul searching...Should have some experience with the disabled or elderly prior to entering nursing. May contribute to nurses who don't particularly like nursing.

Beth (-29): There is a big conflict, the way the staff care for them (the patient) there and what we learned in class. The realistic setting is a little different from what the book says. There is a need to compromise on the floor.

8. Nursing is hard work

Nursing has been defined as an art and a science, and Florence Nightingale defined nursing as the finest of the fine arts.

> Nursing is an art; and if it is to be made
> an art,
> it requires as exclusive a devotion, as hard
> a preparation, as any painter's or sculptor's
> work;
> for what is the having to do with dead
> canvas or cold marble,
> compared with having to do with the living
> body--the temple of God's spirit?
> It is one of the Fine Arts;

I had almost said,
the finest of the Fine Arts (Donahue, 1985, p. 469).

Students learned that clinical nursing experience with the elderly is often neither glamorous nor easy, although it can be very rewarding. Other factors are impacting on the care of the elderly are recession and resulting deep budget cuts to the health care sector. Staff cuts and increased acuity of admitted patients have led to a perceived new low morale amongst hospital employees. These are a few of the factors causing nursing care of the elderly to become increasingly more difficult.

Clients with health problems require assistance in transferring, bathing, toileting, feeding and other activities of daily living which can be physically demanding. Working with the health care team to support clients and family with a serious or life threatening illness, terminal prognoses and situations which seriously impact on their life is often emotionally draining.

> Kathy (+18): Students always talk about how most nurses do not want geriatrics as a specialty. They want pediatrics, surgery or something else, and I can understand that. Discussion in class indicated that geriatric nursing isn't the most popular; it's hard work, but not challenging work...can be monotonous. I can see it's harder. I can see that side too.
>
> Beth (-29): A lot of heavy, heavy work. Cleaning bums is all you do, that's your job; gets too much after a while.
>
> Ann (-23): The medical unit was very slow paced for me; not much comings and goings. I don't know if it's older people or not, but it's heavy work. It's not so much the work involved but the heavy work such as moving patients. I'm scared I might drop them.

Virginia Henderson(1966), a pioneer in defining and describing the

functions of nursing, wrote the following:

> The unique function of a nurse is to assist the individual (sick or well), in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible (Henderson, 1966, p. 15).

Kathy (+18) talked about class discussions on geriatric nursing as not popular; that it is hard work; that it can be monotonous. Beth (-29) stated it is heavy work involving only cleaning bums which "gets too much after a while". Ann (-23) discussed the slow pace, and heavy work involved in geriatric care. Geriatric nursing care may involve clients at various stages of the health-illness continuum and require various levels of care as stated by Henderson (1966) and as difficult and challenging as it may be, nurses must fulfil their nursing functions efficiently and effectively.

9. Behavior exhibited by the elderly clients

Behavior of the elderly client is as varied as that of any other age group and may challenge the caregiver. The novice student nurses commented on these aspects of their nursing experiences.

> Beth (-29): Older patients are unpredictable. They try to trick you.
>
> Dave (+16): One person was extremely demanding and typical old person. Most of my clients were quite friendly. My parents are getting up there. I can see that their mobility is decreased. One patient was demanding and annoying but not all old people are crabby and annoying.
>
> Ann (-23): My very first patient was aphasic and acting really disturbed; I couldn't figure out why. He got transferred and looked really

> disturbed, worried, confused and crying. It made me sad and cry; I hugged him. I don't want to become like that. I don't want to become immobile like that. It's scary. Aphasic clients are difficult to communicate with.

The well and sick elderly client may exhibit behavior not unlike that of any other age group. Beth's (-29) statement that "older patients are unpredictable", and that "they try to trick you" seem to stereotype the elderly. Dave's (+16) description of a client as "typical old person" and of old people as "crabby and annoying" also seem stereotypical of the elderly. Ann's (-23) client's behavior was likely a result of a health problem.

The influence of the reported factor "behavior exhibited by the elderly client" on Beth's (-29) and Ann's (-23) perceptions of the elderly was negative. The influence of this factor on Dave's (+16) perceptions of the elderly was positive.

Research Question Five

How are the variables of age, marital status, level of education, previous experience with the elderly, and preferred age group to work with associated with student nurses' perceptions of the elderly?

An analysis of variance was computed on the independent variables of age, marital status, level of education, previous experience with the elderly, and preferred age group to work with, to determine the influence of these variables on student nurses' perceptions of the elderly. Demographic data for these variables were gathered through the pretest information sheet. Analysis of variance findings revealed no statistical significance.

The themes "previous experience with the sick elderly" and "previous

experience with the elderly" which emerged from interview data analyses addressed the nature of the close continued contact with the elderly. The following is a discussion of the relationship between this variable and the theme "previous experience with the sick elderly".

Sue chose to care for the sick elderly to help her decide on nursing as a career choice. Kathy was a high school volunteer at an extended care center. Interview analysis revealed that voluntary close continued contact with the sick elderly can be associated with positive perception changes in KOPS scores. Two respondents who had negative perception changes between pretest and posttest scores reported their close contact involved caring for the sick elderly, such as working in extended care facilities, by necessity for financial reasons. The third respondent's family cared for a sick elder at home. Negative changes in student nurses' perceptions of the elderly seemed to be associated with previous close contact with sick elderly which was by necessity and with little choice. How previous experience with the elderly influenced student nurses' perceptions of the elderly seemed to depend on the nature of the experience and remains inconclusive

The second theme "previous experience with the elderly" also addressed the nature of the close continued contact with the elderly. Liz and Dave indicated they had a positive relationship with their healthy grandmothers, while Ellen described her grandmother as "demanding and shows no appreciation". The influence of previous experience with the elderly remains inconclusive as the influence seemed to depend on the nature of the experience.

In this study, "preferred age group of clients to work with" is based on

experiences as a student nurse at the SON. Their first clinical experience of two half-days weekly was one component of a physical assessment course which was offered during the second semester. This placement with elderly clients was in lodges and nursing homes throughout Edmonton. Nursing 107, their second clinical experience, was a consolidated summer practicum and the students' first clinical experience in caring for the acutely ill adult and elderly adult client as UAH SON students. These two clinical experiences were with the well and sick elderly and preference of clients to care for is based only on these experiences as a student nurse at the SON. Clinical experiences prior to admission to the SON were addressed by several students who were interviewed, however, no other attempt was made to collect data on prior clinical experiences.

Pretest and posttest findings revealed an overall increase in positive perceptions of the elderly, however, 5.6%, the second smallest group from the sample, selected the 65+ age group as preferred age group to look after. These results seem to indicate that the variable "preferred age group of clients to work with" has no significant influence on student nurses' perceptions of the elderly.

In conclusion, an analysis of variance on the variables of age, marital status, level of education, previous experience with the elderly, and preferred age group of patients to care for, showed no statistical significance in association with student nurses' perceptions of the elderly. Interview findings revealed that the influence of previous close contact with the elderly on student nurses' perceptions of the elderly depended on the nature of the experience and remained inconclusive. Those who had a positive relationship with the elderly reported positive perception changes, while the

opposite was true for those who had a negative relationship.

Summary

The results of the statistical analyses revealed that student nurses' perceptions of the elderly prior to concentrated clinical experiences with the elderly in the acute care setting was favorable and that the treatment of a six-week concentrated clinical practicum increased their positive perceptions of the elderly.

T-tests of pretest and posttest means of eight clusters were computed for results that were statistically significant in four areas: Cluster Two, discomfort in associating with old people; Cluster Four, cross-generation relationships; Cluster Six, older people's cognitive style and capacity; and Cluster Seven, personal appearance and personality. The increase in student nurses' positive perceptions of the elderly was statistically significant in these areas.

Statistical analyses of the pretest and posttest demonstrated the extent to which clinical experience influenced student nurses' perceptions of the elderly. Five students with the largest negative changes and five with the largest positive changes were selected and interviewed. Reported factors that influenced student nurses' perceptions of the elderly are shown in the list of themes (Figure 3).

List of Themes
1. Respect and feedback
2. Patient deaths
3. Previous experience with the sick elderly
4. Previous experience with the elderly
5. Positive role models
6. Negative role models
7. Unrealistic or idealistic expectations
8. Clinical nursing is hard work
9. Behavior of elderly clients

Figure 3

Respect and feedback were reported as important and necessary factors that influenced student nurses' perceptions of the elderly. Students who cared for clients with communication barriers demonstrated negative changes during the treatment of concentrated clinical practice.

Death of a client for whom the student had provided nursing care was reported as a factor that had a positive influence on student nurses' perceptions of the elderly. Students reported that nursing and caring for a client until death is challenging and rewarding.

Previous experience with the sick elderly was reported as a factor which had both negative and positive influence on student nurses' perceptions of the elderly. If the experience was planned and by choice, the influence of previous experience with the sick elderly was positive, otherwise the influence on student nurses' perceptions of the elderly was negative.

Previous experience with the elderly was also a reported factor which had both positive and negative influences on student nurses' perceptions of the elderly. Students reported that negative or positive changes in their

perceptions of the elderly depended on the nature of the previous experience. Previous positive experience with the elderly had a positive influence on student nurses' perceptions of the elderly; a previous negative experience with the elderly had a negative influence on student nurses' perceptions of the elderly.

Role models reinforced values that student nurses already held, however, their influence on student nurses' perceptions of the elderly was inconclusive. The nurse educator, however, was reported as having a large influence as role model on their student nurses.

The influence of unrealistic or idealistic expectations on student nurses' perceptions of the elderly was inconclusive as both positive and negative changes occurred.

"Nursing is hard work" was a theme reported by two students with negative changes and by one student with a positive change. Behavior of the elderly was another reported factor which influenced student nurses' perceptions of the elderly to change during clinical practice. Two students had negative changes while one had a positive change in perceptions of the elderly. The influence of these factors on student nurses' perceptions of the elderly does not appear to be significant.

The results of analysis of variance computed on variables of age, marital status, level of education, previous experience with the elderly, and preferred age group to work with showed no statistical significance. The significance of the influence of previous experience with the elderly on student nurses' perceptions of the elderly was reported in the interviews previously discussed in this chapter.

This chapter has reported on the analysis and results of data obtained through instruments and methods previously described in chapter three. The following chapter includes a brief summary of the study and its implications for nursing education and practice. Recommendations for further research are also presented.

CHAPTER 5

SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

Introduction

This final chapter includes a summary of the study. Findings are summarized, implications for nursing and education are discussed and recommendations for nursing practice and further research are presented.

Summary

Purpose of the study

The study, guided by the following five research questions, sought to examine how clinical nursing experience influenced baccalaureate student nurses' perceptions of the elderly:

1. What are student nurses' perceptions of the elderly prior to concentrated clinical experiences with the elderly in the acute care setting?
2. What are student nurses' perceptions of the elderly following concentrated clinical experiences with the elderly in the acute care setting?
3. What changes in student nurses' perceptions of the elderly occurred following clinical experiences with the elderly?
4. What are the reported factors that influenced student nurses' perceptions of the elderly to change during clinical experience?
5. How are the variables of age, marital status, level of education, previous experience with the elderly and preferred age group to work

with associated with student nurses' perceptions of the elderly?

Research Design and Methodology

The research format was a pretest and posttest of student nurses who participated in their first acute care nursing experience during a six-week consolidated spring practicum. Kogan's Old People Scale (KOPS) (1961), a 7 point Likert scale, was used to measure student nurses' perceptions of the elderly prior to clinical experience. Demographic data were also gathered through an Information Sheet. KOPS posttest was also administered following the treatment of clinical experience, at which time data regarding the age group of client that students' spent most time with during the clinical practicum were also obtained. One hundred and seventy-two pretest questionnaires were distributed, and 165 posttest questionnaires were distributed. Due to student absenteeism and incomplete questionnaires, 142 completed paired questionnaires were obtained, with 84% return.

Following pretest and posttest data analyses, five students with the largest positive perception changes and five with the largest negative changes were selected and interviewed using predetermined questions to guide the interviews.

There were 22 clinical groups of students in Nursing 107, with one nursing instructor assigned to each group utilized in this study. The pretest data collection process was facilitated by the fact that all students were in introductory classes at the UAH SON site during the first week of intersession. During the posttest data collection phase, students and nurse educators were in the clinical areas, which included Misericordia Hospital, Grey Nuns (Edmonton) Hospital, Leduc General Hospital, Charles Camsell

Provincial General Hospital, Glenrose Rehabilitation Hospital, Wetaskiwin General Hospital, Royal Alexandra Hospital and the University of Alberta Hospitals. Assistance and cooperation from the Nursing 107 instructors were invaluable during the pretest and posttest data collection process. Data were prepared, computed, analyzed and compared for significant positive or negative changes in the KOPS scores.

Kogan's Old People Scale (KOPS) of 17 matched pairs of positive and negative questions were used in random order and a 7-point scale was used with 4 designated as "no response." A rating of 1 indicated a strongly negative response while a rating of 7 indicated a strongly positive response. The positive and negative responses of the scale were combined by reversing the negative responses and averaging them with the positive responses to yield one score, thus resulting in 17 responses.

Subsequently, eight new variables were formulated by grouping the 17 paired items into eight clusters, according to their manifested content, then computed and analyzed. T-tests were computed on the pretest and posttest means of the eight clusters and analyzed. An analysis of variance was computed on the variables of age, marital status, level of education, previous experience with the elderly, and preferred age group to work with, to determine the influence of these variables on student nurses' perceptions of the elderly. Interviews were taped, transcribed, read and analyzed. Themes were formulated from the transcribed interviews, quotations were used to illustrate the themes, and conclusions were drawn.

Findings

Frequency and percentage distributions based on the demographic data were used to describe the sample. The sample ages ranged from 17-44 years with a mean age of 20.55. It was found that 78.3% were 21 years or less, 4.9% were male students and 93.7% were single. Furthermore, 92.9% indicated that the highest level of education achieved was high school completion, 6.3% had previous university degrees and 7% had college diplomas.

41.5% preferred the 0 to 12 year old group and nearly 25% of the sample responded that their most preferred age group of clients to care for was the 20-45 year old group. The 13-19 year old age group was selected by 4.9% of the respondents as the most preferred age group of clients to care for, followed by the 65+ years age group selected by 5.6%. This is similar to the findings of Kayser and Minnigerode (1971), who asked nursing students to indicate their relative preference between seven fields of specialization and found nursing homes were least preferred, as were old people as patients.

It is noted that 65.5% of the sample responded that they had close continued contact with the elderly prior to entering nursing school. All of the sample had spent some time the 65+ year old clients; however, posttest data revealed that 54.2% of the students actually spent the most time on clinical with the 65+ age group in comparison to other age groups. This was followed by 33.1% of the students who spent the most time on clinical with the 45-64 year age group. These findings are consistent with that of Matzo & O'Reilly (1993) who reported that the majority of clients seen in clinical settings are now over the age of 65.

The sample for the study was 172 full time baccalaureate student nurses enroled in their first clinical experience in caring for the acutely ill adult and older adult client. The sample was ultimately reduced to 142 when the pretest and posttest questionnaires were paired for analysis. This represented a response rate of 84%.

Data analysis revealed that favorable perceptions towards the elderly held by student nurses prior to concentrated clinical practice increased following clinical practice. The 34 questions from the pretest and 34 from the posttest were collapsed into 17 paired items. These 17 paired items were further collapsed into eight pretest and posttest clusters based on Kogan's discussion that "a priori clustering of the items is possible on the basis of their manifest content" (Kogan, 1961, p 45).

Pretest and posttest means of each of the eight clusters were compared using t-tests, and statistical significance at the .05 level was found for Cluster Two, discomfort in associating with old people; Cluster Four, cross generation relationships; Cluster Six, older people's cognitive style and capacity; Cluster Seven, personal appearance and personality. The favorable influence of clinical experience was manifested by:

a) increased comfort level of student nurses in associating with old people;

b) improved student nurses' perceptions of interpersonal relationships of the elderly across generations;

c) improved student nurses' perceptions of cognitive styles and capacity of old people;

d) improved student nurses' perceptions with respect to personal

appearance and personality of old people.

Nine themes emerged from interview data analyses of students who had completed their first consolidated acute care practicum in caring for the acutely ill adult and older adult. The following themes/factors were reported as positive influences on student nurses' perceptions of the elderly.

Respect and feedback were reported as important factors that had a positive influence on student nurses' perceptions of the elderly. This finding supports Grebler's (1988) assertion that experienced nurses, who had opportunities to receive positive feedback from their clients, are the best advocates of the (nursing) profession.

Caring for a dying client until death was reported as challenging and rewarding. Previous experience with the sick elderly which was planned and by choice was also reported as a factor which appears to be associated with positive changes on student nurses' perceptions of the elderly.

Previous positive contact with the elderly was reported as a factor which had a positive influence on student nurses' perceptions of the elderly. The presence of positive elderly role models during a nurse's early years has been identified as a factor that contributed to positive perceptions of the elderly in several studies (D. Gillis, 1991; Brower, 1985). For example, Robb (1979) found that students who preferred to work with the elderly had positive attitudes toward them and had positive relationships with their grandparents. Shimamoto & Rose (1987) reported that students who had a positive relationship with an elderly person had a greater interest in gerontology.

Positive role models reinforced values already formulated by student nurses. Many beliefs and values are developed as a result of familial experiences (Gillis, 1991). Grebler (1988), stated that "role models to this special area of interest are one of the answers to the problem of shortage of leaders in gerontological nursing throughout the world of modern societies" (p. 5). Role models who did not show respect and caring for the elderly reinforced negative stereotypes held by society. Frustrated nurses who could not achieve themselves, produce negative attitudes toward nursing in general (Grebler, 1988).

The theme "unrealistic expectations" was reported as a positive influence for one student. She felt that most students found nursing was not the exciting career they had envisaged and stated that "nursing makes you do a lot of soul searching." This theme was associated with a negative change for another student.

The theme "nursing is hard work" was reported as a factor which influenced negative perception changes in two student nurses and a positive perception change in one student. However, geriatric nursing was not deemed as a desired specialty by all three respondents.

"Behavior of the elderly" was a reported factor which influenced two student nurses' perceptions to change negatively and one to change positively. Two students' descriptions of behaviors included words such as demanding, unpredictable, typical old person, crabby and annoying which appear to stereotype the elderly.

Previous experience with the sick elderly, which was neither planned

nor by choice was associated with a negative change on student nurses' perceptions of the elderly. Brower's (1985) study revealed a relationship between time spent with elders and attitude. Nurses who spent the most time working directly with the elderly client in hospital and nursing home settings showed the least favorable attitudes (Brower, 1985). Previous negative experience with the elderly appears to be associated with negative perception changes of student nurses.

Analysis of variance computed on variables of age, marital status, level of education, previous experience with the elderly, and preferred age group to work with revealed no statistical significance. The significance of the influence of previous experience with the elderly on student nurses' perceptions of the elderly was reported in the interviews and discussed in chapter four.

Implications

Meaning

One of the goals of the Collaborative Model is to respond to the needs of the health care system by adapting the curriculum to accommodate changing consumer needs. Nursing practice and education are at a crossroad as the program of provincial deficit reduction continues to cut funding to major hospitals in the province by millions of dollars. Some hospitals are expected to close and patients are being released from hospitals soon after treatment is completed. Planning is underway for government funding to be diverted to community services as community and long term agencies increase their responsibilities to help patients who are released from hospital to recover from their treatments.

Nurses will continue to provide a large portion of health care services to the elderly clients in the hospital and community settings. Brower, (1985) reported that nursing students are being assigned greater numbers of elderly clients with more acute needs than ever before. In this study, 54% of the sample reported that they had spent the most time on the clinical area with the 65+ age group in comparison to other age groups. The findings of this study should have implications for nursing practice, research, and education.

Nursing education must prepare students to meet the present and future health care needs of the elderly. Analysis of information obtained from interviews could help improve the clinical experience for student nurses. One interviewed respondent suggested including a class in nursing care of the elderly in the program. Another respondent felt it was a big jump from assessment and care of the independent elderly in Nursing 104 to total care of the acutely ill elderly in Nursing 107. However, two respondents felt the health assessment course with its focus on the well elderly prepared them for Nursing 107. One of the students reported "I learned so much in that course in dealing with the elderly." Another respondent felt the actual clinical experience was important and that courses in geriatrics would not help. Communication courses were reported as helpful by two respondents.

A class with a focus on nursing care of the elderly client, offered at the beginning of the Nursing 107 practicum, could facilitate the transition. These findings are consistent with Galbraith and Suttie (1987), who recommended that gerontological content be introduced early in the curriculum, but prior to clinical experience, to effect changes in student attitudes toward the elderly. La Monica (1979) pointed out that attitudinal development involves internal

processes and includes an awareness and understanding of oneself.

The findings of the study demonstrated that favorable views of the elderly held by student nurses increased following the treatment of clinical experience. This finding rules out the assumption that student nurses do not choose gerontological nursing because they hold unfavorable views of elderly clients. It is often assumed that positive attitudes towards the elderly are associated with increased willingness to care for geriatric clients. Meyer & Bahr (1980), however, found that pediatric nurses had more positive attitudes towards the elderly than did the nurses who worked with geriatric clients.

A review of relevant literature revealed that education in gerontology helped to decrease negative perceptions that students held towards the elderly (Greenhill & Baker, 1986; Gunter, 1971; Heller & Walsh, 1976; King & Cobb, 1983). Tobiason, Knudsen, Stengel & Giss (1987) stated it is the responsibility of nursing education to promote more positive attitudes towards aging and interest in working with the elderly.

For gerontological nursing to achieve the status of "high tech" nursing, societal organizational structures and allocation of resources must change. A concerted effort must be expended by administrators to value care of the elderly by assigning experienced staff to their care. Otherwise, nurses will continue to become frustrated and hold negative attitudes towards the elderly, which will be transferred to neophyte nurses and the vicious circle will continue.

This study demonstrated that favorable perceptions of the elderly increased after the treatment of clinical experience. However, pretest data revealed that only 5.6% of the sample selected the 65+ age group as preferred

the age group of patient to care for. Further research is required to determine why the 65+ age group is not preferred by student nurses. Posttest data findings showed that 54% of the sample reported they spent the most time with the elderly adults during their clinical practicum although all the sample spent some time the elderly adult client. There is a need to determine the relationship between nurses' attitudes and practice in caring for the elderly (Harrison & Novak, 1988).

Recommendations for further research

If previous experience with the sick elderly, which was neither chosen nor planned, had a negative influence on student nurses' perceptions of the elderly, how will additional clinical courses influence their perceptions? A longitudinal study of student nurses' attitudes towards the elderly from their admission to completion of the program may reveal if perception changes occur.

A research study of instructors' perceptions of the elderly may be warranted. Although the influence of role models as a factor on student nurses' perceptions of the elderly was not found to be significant in this study, it was reported as a factor contributing to positive perceptions towards the elderly in several studies (Gillis, 1991; Brower, 1985; Carnevali & Patrick, 1986).

Conclusions

This study has examined the extent and nature of the influence that clinical nursing experience has on baccalaureate student nurses' perceptions of the elderly and has identified some of the factors related to the student

nurses' positive perceptions of the elderly. Although positive perceptions held by student nurses towards the elderly increased following the treatment of clinical experience, the pretest findings showed that only 5.6% of the respondents selected the 65+ year old group as their preferred age group of clients to care for. The 13-19 year old group, selected by 4.9% of the sample, was the group selected by the smallest percent of the sample.

Results of this study seem to suggest that positive perceptions of the elderly do not assure that more nurses would work with the elderly. Informal discussions with students have indicated that general medical units are rarely included in their choice of work following graduation. Greenhill and Baker (1986) found that planned experience with older adults positively influenced attitudes toward this group; however, geriatric nursing remained the least preferred specialty. Other investigators also substantiated these findings (Gordon & Hallauer, 1976; D'A Slevin, 1991).

Recommendations

Nursing Practice

Findings of this study have implications for nursing practice. Student nurses must become cognizant of the problems experienced by the elderly and apply this knowledge to nursing practice in the care of the elderly. It is important for student nurses to see positive aspects of aging as well as the sick and hospitalized elder. Studies demonstrated that student nurses who were exposed to well elderly clients early in their clinical experiences have favorable perceptions of the elderly (Collins & Brown, 1989; Eddy, 1986; Gomez, Otto, Blattstein, & Gomez, 1985). The Edmonton and Red Deer Nursing Program: Collaborative Model: University of Alberta Hospitals

School of Nursing site curriculum offers such course sequencing which should be continued. Currently, Nursing 104 is the first clinical experience offered to the students. It is a physical assessment course with a clinical component involving student placements in lodges and nursing home facilities throughout the city, where clients may require assistance in their basic care and activities of daily living. The intention is to socialize the students to working with older clients while they implement physical assessment and related skills.

Receiving respect and feedback from clients were reported factors with important implications for nursing education. Close monitoring of clinical assignments is required so that student nurses are ensured a variety of learning experiences including clients who could provide feedback. Students recognized respect and feedback as important and necessary particularly for the novice student. The client's ability to provide respect and feedback is an important and necessary factor contributing to competency and positive perceptions of the elderly in the student nurse.

There are other valuable sources of respect and feedback for the student nurse. The instructor needs to assess the needs of the learner and provide ongoing encouragement and constructive feedback on a regular basis. The instructor needs to be particularly astute in situations where the client is unable to provide feedback. Other sources of respect and feedback are the nurses on the unit and specifically the buddy nurses and other health care team members.

Another implication for nursing education is the influence of role models in positive perceptions of the elderly. Student nurses reported that

positive and negative role models reinforced values that they had already formulated and reported that role models such as their nurse educators and buddy nurses were important influences. Wilhite and Johnson (1976) found that attitudes held by nursing students were functionally related to the attitudes held by the clinical instructor. Tollett and Adamson (1982) indicated that the instructor must demonstrate a positive attitude and an interest in working with the elderly in order to foster positive attitudes in students. Nurse educators need to be cognizant of the importance of role models for student nurses.

Nehring's (1990) study showed that the "best" clinical teachers are good role models, enjoy nursing, enjoy teaching and demonstrate clinical skills and judgment. The "worst" clinical teachers are not good role models. The characteristics that distinguished between the "best" and "worst" clinical teachers were being a good role model and encouraging mutual respect.

The staff nurse is also a valuable role model. In order to foster this resource, nurse educators must maintain lines of communication between staff nurses on the units they assign students to. Service and education need to work together to provide a quality environment and optimize learning for students.

There are other factors associated with education that has been found to be significant in influencing student attitudes toward the elderly. They include lack of faculty prepared in gerontological nursing, inadequate gerontological content in the curriculum, negative faculty attitudes towards the elderly, and lack of gerontological nursing issues on licensure exams (Collins & Brown, 1985; Gomez, Otto, Blattstein and Gomez, 1985). Gunter

(1979) found that the number of stereotypical views that students held of the elderly were reduced after taking a sequence of gerontology courses. Integrating gerontological nursing content into the baccalaureate curriculum is an important challenge for nursing education today.

Further Research

Several questions arise from this study. The following are recommendations for further research resulting from this study.

1. This study should be replicated in similar settings using samples of student nurses in their initial contact with clients in order to examine the influence of the well elderly on student nurses' perceptions of the elderly.

2. A longitudinal study of the influence of clinical experience on student nurses' perceptions of the elderly is recommended, following a sample of student nurses from entry into the program until graduation. This would examine the influence of all the clinical experiences during the program on student nurses' perceptions of the elderly.

3. A research study of the relationship between the student nurses' perceptions of the elderly and the student nurses' practice in caring for the elderly should be researched to establish if perceptions make a difference in delivery of care.

4. The relationship between the student nurse's preferred age group of clients to care for and the quality of their nursing practice in caring for the elderly should be investigated. It is noted that 5.6% of the sample indicated their preferred age group of clients to care for was 65+ years.

However, the KOPS posttest scores demonstrated that favorable perceptions of students nurses towards the elderly increased following clinical experiences. Does client preference have any bearing on nursing practice in caring for the elderly?

5, Themes identified in the interview analysis should be further researched with the objective of developing an extension to the KOPS in order to be more relevant to the formal caregiver.

Conclusion

A shift to health promotion and disease prevention and away from illness care is limiting the nurses' role in the institutional settings and moving toward community settings. Nursing education is challenged to prepare nurses for this change process. "All real change involves passing through zones of uncertainty...the situation of being at sea, of being lost, of confronting more than you can handle..."(Schon in Fullan & Stiegelbauer, 1991).

Demographic trends demonstrate that the aging population is increasing dramatically. Care of older adults constitutes a large part of the realities of nursing, and nurses can expect to care for increasing numbers of elderly clients (Collins & Brown, 1989, p. 10). Educational institutions are challenged with preparing students to keep pace with technological advances and to enter a field that is changing radically. What Alfred North Whitehead, philosopher and educator, wrote in 1929 is relevant to education and nursing today:

> In the conditions of modern life, the rule is absolute, the race which does not value trained intelligence is doomed. Not all your heroism,

> not all your social charm, not all your wit, not all your victories on land or at sea can move back the finger of fate. Today we maintain ourselves. Tomorrow science will have moved forward yet one more step, and there will be no appeal from the judgment which will then be pronounced on the uneducated (p. 22).

The care given to our elderly may somehow determine what we as caregivers today can expect when we become old. Time does not stand still and developing an understanding of how to make gerontological nursing satisfying and challenging should be an expectation for all nursing programs and institutions that care for the elderly.

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APPENDICES

APPENDIX A

Permission from Dr. Dana Wertenberger to access student nurses at the University of Alberta Hospitals School of Nursing

university of Alberta hospitals

Walter C. Mackenzie Health Sciences Centre
Aberhart Centre
University Hospitals Education and Development Centre
Mewburn Veterans Centre
University Hospitals Patient Support Centre
University Hospitals Outpatient Residence

8440 - 112 Street, Edmonton, Alberta, Canada, T6G 2B7 Tel. (403) 492-8822

April 12, 1993

Isabelle Heike
Nurse Educator
University of Alberta Hospitals
School of Nursing
Edmonton, Alberta

Dear Ms. Heike:

RE: Data Collection Request

As per your letter and our discussion, you have permission to access the instructors of students enrolled in NU107 during this Spring intersession, pending receipt of ethical clearance from the appropriate committee.

To arrange data collection, please contact Kathy Daly, Curriculum Facilitator. She will be able to assist you in accessing the instructors to seek their permission if you wish to contact students during class or clinical time.

As usual, we will expect to have a report of your findings in a timely manner. Good luck with your thesis.

Sincerely,

Dana Hames Wertenberger

Dana Hames Wertenberger, PhD, RN, C
Director
School of Nursing

DHW/ble

APPENDIX B

Permission from Dr. Kogan to use his Old People Scale

NEW SCHOOL FOR SOCIAL RESEARCH
GRADUATE FACULTY OF POLITICAL
AND SOCIAL SCIENCE
65 FIFTH AVENUE
NEW YORK, N.Y. 10003
(212) 741-5727

DEPARTMENT OF PSYCHOLOGY

March 24, 1993

Isabelle Heike
3206 112 A Street
Edmonton, Alta., CANADA
T6J 3X2

Dear Ms Heike:

In response to your recent request, I hereby grant you permission to use my OP Scale in your proposed research project. My supply of copies of the Scale is exhausted, but please note that it has been reproduced in the following volume: Shaw, M., & Wright, J. (1967) Scales for the Measurement of Attitudes, McGraw-Hill, pp. 468-471.

If you are interested in more current reliability and validity information concerning the OP Scale, I would recommend the following source: Mangen, D.J., & Peterson, W.A. (Eds.) (1982) Research Instruments in Social Gerontology, Vol. I, Clinical and Social Psychology. University of Minnesota Press, pp. 549-556.

You have my best wishes for the success of your project. I should be pleased to learn about the outcomes of your research.

Sincerely,

N. Kogan

NATHAN KOGAN
Professor

NK:bb

APPENDIX C

Ethics Review Letters

Adult, Career & Technology Education

RESEARCH ETHICS REVIEW APPLICATION

Student Name: Isabelle M. Heike

Short title of proposed research: BScN student's perceptions of the elderly

√ M.Ed. thesis

Location of research: University of Alberta Hospitals School of Nursing

Date approval needed: April 23, 1993

The applicant agrees to notify the Department Ethics Review Committee of any changes in research design after approval has been granted.

Isabelle M. Heike (Signature of Applicant) April 13 1993 (Date)

The research proposal has been approved by the Supervisory Committee.

(Signature of Supervisor) April 14 1993 (Date)

For Office use only

Date submitted 14 April 93 Date decision conveyed 27 April 93

Members of Review Committee _____

Decision of Committee Approved 27 April 1993

(Approved or not Approved) (Date)

Comments The concerns regarding the destruction of tapes must be addressed.

(Signature, Department Chairman)

University of Alberta
Edmonton
Canada T6G 2G3

Faculty of Nursing
3rd Floor Clinical Sciences Building

Certification of Ethical Acceptability for Research Involving Human Subjects

---

NAME OF APPLICANT(S): Isabelle M. Heike, University of Alberta Hospitals

TITLE OF PROJECT: "The Extent and Nature of the Influence that Clinical Nursing Experience has on Baccalaureate Student Nurses' Perceptions of the Elderly"

The members of the review committee, having examined the application for the above-named project, consider the procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

93-04-30
Date

Louise Jensen
L. Jensen, RN, PhD
Chair
Ethics Review Committee

The Ethics Review Committee is a Joint Committee of
The Faculty of Nursing, University of Alberta
and
The Nursing Division, University of Alberta Hospitals

APPENDIX D
Student Participation Letter

Students- University of Alberta Hospitals School of Nursing.

This study is being conducted by Isabelle Heike, BScN., R.N.
I am a master's student in the Faculty of Education, Department of Adult, Career and Technology Education at the University of Alberta. I am also employed as a nurse educator at the University of Alberta Hospitals School of Nursing.

The purpose of my study is to examine the extent and nature of the influence that clinical experience has on baccalaureate student nurses' perceptions of the elderly. Demographic trends demonstrate that the elderly population is increasing and the sick elderly population more than parallels those trends. An attempt will be made to use the information obtained from you to determine the extent of the influence that clinical experience has on your perceptions of the elderly. How this influence comes about will also be examined. The school of nursing administration has given permission to conduct this study, however individual responses are strictly confidential.

Your participation in this study is voluntary. It will include completing two questionnaires- a pretest and a posttest. The questionnaires will take approximately fifteen minutes to complete. If you choose not to participate, simply hand the questionnaire in. If you choose to take part in the study, please complete all the questions. The pretest will be completed during the first week of NU 107 and the posttest during the fifth clinical week of NU 107. You may be selected for a short interview during the sixth week. Interviews will be scheduled for thirty minutes, and will be conducted at the respondents convenience. Please place your student I.D. number on the questionnaires. Only I will have access to your questionnaires. Your student I.D. number is to keep the pretest and posttest questionnaires from the respondents all together and to identify students for interviewing purposes. Your student I.D. number will be removed from the questionnaires upon completion of the study. You do not have to participate in this study if you do not want to. If you decide to be in the study, you may drop out at any time without any consequences. There will be no harm if you do not take part in this study.

Your name will not appear on this study. Any information provided to the researcher will be kept confidential and used solely for the purposes of this research study. The researcher will erase your name and any other identifying material from the tapes of the interview. All records will be kept in a locked file, and tapes will be destroyed seven years after the study is completed. The information and findings of this study may be used in presentations, but individual results will not be reported. I will be happy to answer any questions you may have. The thesis will be available at the University of Alberta library when it is completed.

APPENDIX E

Student Interview Consent Form

CONSENT FORM

PROJECT TITLE:

The extent and nature of the influence that clinical nursing experience has on baccalaureate student nurses' perceptions of the elderly.

RESEARCHER :
Isabelle M. Heike
Master of Education Student
Faculty of Education,
Department of Adult, Career
and Technology Education
University of Alberta.
Phone 435- 8914

SUPERVISOR:
Dr. Dave Collett
Professor
Faculty of Education
Department of Adult, Career and
Technology Education
University of Alberta
Phone 492- 5621

PURPOSE OF THE STUDY:

This study examines the extent and nature of the influence that clinical experience has on baccalaureate student nurses' perceptions of the elderly. Demographic trends demonstrate that the elderly population is increasing and the sick elderly population more than parallels those trends. An attempt will be made to use the information obtained from you to determine the extent of the influence that clinical experience has on your perceptions of the elderly. How this influence comes about will also be examined. The School of Nursing administration has given permission to conduct this study.

PARTICIPATION:

You will be interviewed for approximately thirty minutes at a place and time mutually convenient . The interview will be tape recorded and later transcribed. You have the right to refuse to answer questions in the interview.

CONFIDENTIALITY:

Your name will not appear on transcripts of the interview. Any information provided to the researcher will be kept confidential and used solely for the purposes of this study. The researcher will erase your name and any other identifying material from the tapes. All records will be kept in a locked file, and tapes will be destroyed seven years after the study is completed. The information and findings of this study may be used in presentations, but individual results will not be reported. I would be happy to answer any questions you may have. The thesis will be available at the University of Alberta library.

CONSENT:

I acknowledge that the above research procedures have been described. Any questions have been answered to my satisfaction, and I know that I may contact the above person if I have any questions. I have been informed of the alternatives to participating in this study. I have been assured that records relating to this study will be kept confidential. I understand that I am free to withdraw from this study at any time without any consequences. I have been given a copy of this form to keep.

_____ _____

(signature of participant) (Date)

_____ _____

(signature or researcher) (Date)

If you wish to receive a summary of the study when it is finished, please complete the next section:

Name:_____

Address:_____

_____

APPENDIX F

Interview Questions

INTERVIEW QUESTIONS

1. I noticed your perceptions of the elderly changed during this clinical experience. Can you tell me more about it?
2. Can you tell me what caused your perception to change positively?
3. Can you tell me what caused your perceptions to change negatively?
4. What could we have done to enhance your clinical experience with the elderly?
5. What could we have done to help you view the elderly in a more positive manner?

APPENDIX G

Pretest and Posttest Questionnaires

INFORMATION SHEET

Your participation in this survey would be greatly appreciated and is considered important. Please answer the following questions. The information collected will be strictly confidential. Your student ID number is to keep the questionnaires from each respondent all together and to identify students for interviewing purposes. Your student ID number will be removed from the questionnaires upon completion of the study. Your anonymity is guaranteed and your participation is voluntary. Thank you again for your cooperation.

PLEASE DISREGARD THE NUMBERS ON THE RIGHT MARGIN.

1. Student ID #:_____ [1]-[6]

2. Age ____ [7]-[8]

3. Please place an "X" beside the appropriate answers

   Sex: [1] Male____ [2] Female____ [9]

4. Marital status: [1] Single____

   [2] Married____

   [3] Widowed____

   [4] Divorced____

   [5] Other (Please specify)_____ [10]

5 Highest level of education:

[1] high school completion____ [11]

College or Technical Program: [2] diploma granted____

[3] program not completed____

University: [4] degree granted____

[5] program not completed____

6. What age group of patients do you prefer to look after? [12]

(Please check your choice).

[1] infants (0 - 1 years)

[2] children (2 - 12 years)

[3] teenagers (13 - 19 years)

[4] young adults (20 - 45 years)

[5] middle aged adults (46 - 64 years)

[6] elderly adults (65 years and older)

7. Did you ever have close continued contact with an elderly person prior to your admission to the University of Alberta Hospitals School of Nursing? [13]

[1] Yes____ [2] No____

8. If selected, I would be prepared to be interviewed. [14]

[1] Yes____ [2] No____

Thank you for filling out this information sheet!

OLD PEOPLE SCALE

DIRECTIONS: On the following questionnaire, you will find a number of statements with which you may or may not agree. Following each statement are six boxes labelled as follows:

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

You are to indicate the degree to which you agree or disagree with each statement by checking the appropriate box. Please consider each statement carefully, but do not spend too much time an any one statement. PLEASE DO NOT SKIP ANY ITEMS. There are no "right " or "wrong" answers -the only correct responses are those that are true for you.

1. It would probably be better if most old people lived in residential units with people their own age. [15]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

2. Most old people bore others by their insistence on talking about the "good old days." [16]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

3. Most old people respect others' privacy and give advice only when asked. [17]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

4. It would probably be better if most old people lived in residential units that also housed younger people. [18]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

5. There is something different about most old people: it's hard to figure out what makes them tick. [19]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

6. Most old people spend too much time prying into the affairs of others and giving unsought advice. [20]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

7. If old people expect to be liked, their first step is to try to get rid of their irritating faults. [21]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

8. Most old people are really no different from anybody else: they're as easy to understand as younger people. [22]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

9. Most old people get set in their ways and are unable to change. [23]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

10. When you think about it, old people have the same faults as anybody else. [24]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

11. In order to maintain a nice residential neighbourhood, it would be best if too many old people did not live in it. [25]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

12. Most old people are capable of new adjustments when the situation demands it. [26]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

13. Most old people prefer to quit work as soon as pensions or their children can support them. [27]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

14. You can count on finding a nice residential neighbourhood when there is a sizable number of old people living in it. [28]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

15. There are few exceptions, but in general most old people are pretty much alike. [29]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

16. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody. [30]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

17. Most old people tend to let their homes become shabby and unattractive. [31]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

18. It is evident that most old people are very different from one another. [32]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

19. Most old people should be more concerned with their personal appearance; they're too untidy. [33]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

20. Most old people can generally be counted on to maintain a clean, attractive home [34]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

21. It is foolish to claim that wisdom comes old age. [35]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

22. Most old people seem to be quite clean and neat in their personal appearance. [36]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

23. Most old people are irritable, grouchy, and unpleasant. [37]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

24. People grow wiser with the coming of old age. [38]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

25. Old people have too much power in business and politics. [39]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

26. Most old people are cheerful, agreeable, and good humored. [40]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

27. Most old people are constantly complaining about the behavior of the younger generation. [41]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

28. Old people have too little power in business and politics. [42]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

29. Most old people make one feel ill at ease. [43]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

30. One seldom hears old people complaining about the younger generation. [44]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

31. Most old people make excessive demands for love and reassurance. [45]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

32. Most old people are very relaxing to be with. [46]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

33. One of the more interesting qualities of most old people is their accounts of their past experiences. [47]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

34. Most old people need more love and reassurance than anyone else. [48]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.

Note: From "Attitudes toward old people: The development of a scale and an examination of correlates" by Nathan Kogan, 1961, Journal of Abnormal and Social Psychology, 62(1), p. 46-47. Reprinted by permission.

FOLLOW-UP QUESTIONNAIRE

The questions in this follow-up questionnaire are the same as the pretest. Results of the two questionnnaires will be analyzed and compared to determine the extent of changes in your perceptions of the elderly during clinical experience with the elderly client. Your participation in this survey is greatly appreciated and considered important. Please answer the following questions. The information collected will be held in strictest confidence. Your student ID number is to keep the questionnaires from each respondent all together and to identify students for interviewing purposes. Your student ID number will be removed from the questionnaires upon completion of the study. Your anonymity is guaranteed and your participation is voluntary. Thank you again for your cooperation.

PLEASE DISREGARD THE NUMBERS ON THE RIGHT MARGIN.

1. Student ID #:_____ [1]-[6]

CARD NUMBER = [2] [7]

2. What age group of patients did you spend most time with?

Please select only one answer.

[1] teenagers (13 - 19 years)

[2] young adults (20 - 45 years)

[3] middle aged adults (46 - 64 years)

[4] elderly adults (65 years and older) [8]

Thank you for filling out this information sheet!

OLD PEOPLE SCALE

DIRECTIONS: On the following questionnaire, you will find a number of statements with which you may or may not agree. Following each statement are six boxes labelled as follows:

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

You are to indicate the degree to which you agree or disagree with each statement by checking the appropriate box. Please consider each statement carefully, but do not spend too much time an any one statement. PLEASE DO NOT SKIP ANY ITEMS. There are no "right " or "wrong" answers -the only correct responses are those that are true for you.

1. It would probably be better if most old people lived in residential units with people their own age. [9]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

2. Most old people bore others by their insistence on talking about the "good old days." [10]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

3. Most old people respect others' privacy and give advice only when asked. [11]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

4. It would probably be better if most old people lived in residential units that also housed younger people. [12]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

5. There is something different about most old people: it's hard to figure out what makes them tick. [13]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

6. Most old people spend too much time prying into the affairs of others and giving unsought advice. [14]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

7. If old people expect to be liked, their first step is to try to get rid of their irritating faults. [15]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

8. Most old people are really no different from anybody else: they're as easy to understand as younger people. [16]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

9. Most old people get set in their ways and are unable to change. [17]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

10. When you think about it, old people have the same faults as anybody else. [18]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

11. In order to maintain a nice residential neighbourhood, it would be best if too many old people did not live in it. [19]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

12. Most old people are capable of new adjustments when the situation demands it. [20]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

13. Most old people prefer to quit work as soon as pensions or their children can support them. [21]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

14. You can count on finding a nice residential neighbourhood when there is a sizable number of old people living in it. [22]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

15. There are few exceptions, but in general most old people are pretty much alike. [23]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

16. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody. [24]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

17. Most old people tend to let their homes become shabby and unattractive. [25]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

18. It is evident that most old people are very different from one another. [26]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

19. Most old people should be more concerned with their personal appearance; they're too untidy. [27]

[1] Strongly Disagree	[2] Disagree	[3] Slightly Disagree	[5] Slightly Agree	[6] Agree	[7] Strongly Agree
❑	❑	❑	❑	❑	❑

20. Most old people can generally be counted on to maintain a clean, attractive home [28]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

21. It is foolish to claim that wisdom comes old age. [29]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

22. Most old people seem to be quite clean and neat in their personal appearance. [30]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

23. Most old people are irritable, grouchy, and unpleasant. [31]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

24. People grow wiser with the coming of old age. [32]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

25. Old people have too much power in business and politics. [33]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

26. Most old people are cheerful, agreeable, and good humored. [34]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

27. Most old people are constantly complaining about the behavior of the younger generation. [35]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

28. Old people have too little power in business and politics. [36]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

29. Most old people make one feel ill at ease. [37]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

30. One seldom hears old people complaining about the younger generation. [38]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

31. Most old people make excessive demands for love and reassurance. [39]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

32. Most old people are very relaxing to be with. [40]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

33. One of the more interesting qualities of most old people is their accounts of their past experiences. [41]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

34. Most old people need more love and reassurance than anyone else. [42]

[1]	[2]	[3]	[5]	[6]	[7]
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
❑	❑	❑	❑	❑	❑

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.

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